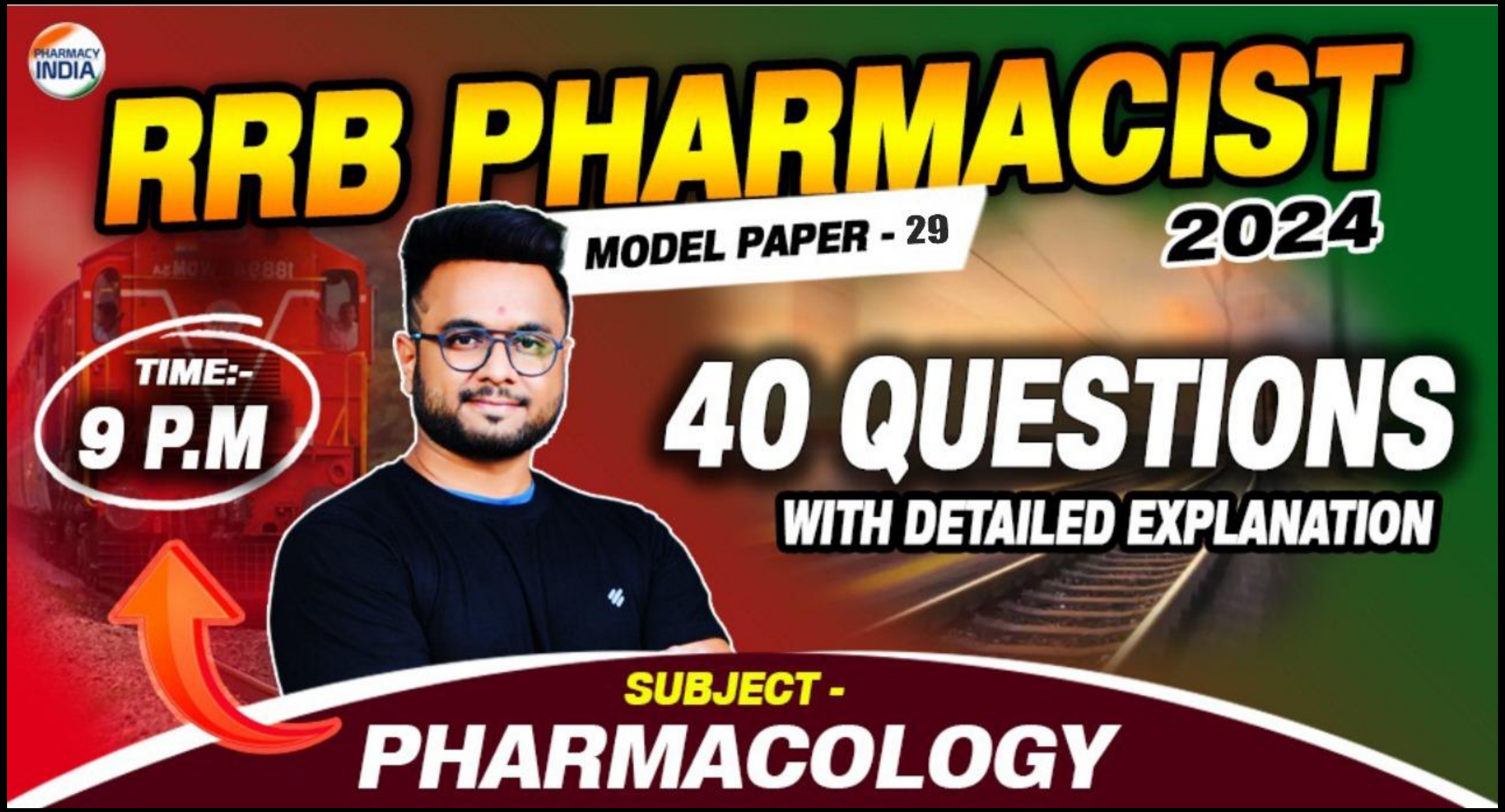

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1. Dopamine is

(a) α and β-agonist

(b) β-blocker

(c) α-agonist

(d) Potassium channel activator

1. Dopamine is

(a) α and β-agonist

(b) β-blocker

(c) α-agonist

(d) Potassium channel activator

Dopamine

It acts on dopamine, β and α receptors depending on the concentration.

At a dose of 1-2µg/kg/min., it stimulates only dopamine receptors leading to renal vasodilation.

Intravenous infusion at the rate of 2-10µg/kg/min. stimulates heart by the agonistic action at b1 receptors.

At still higher dose (>10µg/kg/min) there is intense vasoconstriction via stimulation of a receptors.

2. Prazosin an antihypertensive agent is a

(a) α-blocker

(b) α and β-antagonist

(c) Calcium channel blocker

(d) β-agonist

2. Prazosin an antihypertensive agent is a

(a) α-blocker

(b) α and β-antagonist

(c) Calcium channel blocker

(d) β-agonist

DIFFERENCE BETWEEN α1 & α2 ADRENERGIC RECEPTORS

CHARACTERISTIC	α1	α2
Selective agonist	Phenylephrine, Methoxamine	Clonidine
Selective antagonist	Prazocin	Yohimbine, Rauwolscine
Coupling protein	Gq	Gi /Go
Effective pathway	IP3/DAG → increases, Phospholipase A2 increase→ prostaglandin release	cAMP (Cyclic AMP) → decrease, K+ channel → decrease or increase IP3/DAG → increase

3. Drug of choice for cardiogenic shock in the treatment of

(a) Diosgenin

(b) Epinephrine

(c) Dopamine

(d) Ouabain

3. Drug of choice for cardiogenic shock in the treatment of

(a) Diosgenin

(b) Epinephrine

(c) Dopamine

(d) Ouabain

Drug of choice for different shock Treatments

Shock	DOC
• **Cardiogenic**	Nor-adrenaline or dopamine
• **with oligourea**	Dopamine
• **Anaphylactic**	Adrenaline
• **Distributive**	Nor-adrenaline or phenylephrine
• **Septic**	Broad spectrum antimicrobials
• **Shock due to adrenal insufficiency**	Corticosteroids
• **Hypovolumic**	Fluids (crystalloids)
• **Secondary**	Prazosin (\-blockers)

4. All of the following are side effects seen in adrenoceptor blockers EXCEPT

(a) Reduced tear production

(b) Impotence

(c) Myopic shift

(d) Decreased corneal sensation

4. All of the following are side effects seen in adrenoceptor blockers EXCEPT

(a) Reduced tear production

(b) Impotence

(c) Myopic shift

(d) Decreased corneal sensation

SIDE EFFECTS OF ADRENOCEPTOR BLOCKERS

- Reduced tear production
- Impotence
- Decreased corneal sensation

5. Indicate the sympathomimetics agent, which is combined with a local anesthetic to prolong the duration of infiltration nerve block

(a) Epinephrine

(b) Xylometazoline

(c) Isoproterenol

(d) Dobutamine

5. Indicate the sympathomimetics agent, which is combined with a local anesthetic to prolong the duration of infiltration nerve block

(a) Epinephrine

(b) Xylometazoline

(c) Isoproterenol

(d) Dobutamine

Infiltration Anaesthesia

LA is infiltrated s.c. in the area of operation site for blocking the sensory nerve endings.

It is used in minor surgeries like incisions, excisions, suturing, hydrocele etc.

Adrenaline can be added to the LA to prolong its duration of action and to prevent systemic side effects.

6. Which drug is a selective beta-agonist

(a) Digoxin

(b) Dobutamine

(c) Amrinone

(d) Dopamine

6. Which drug is a selective beta-agonist

(a) Digoxin

(b) Dobutamine

(c) Amrinone

(d) Dopamine

DIFFERENCE BETWEEN β1, β2 & β3 ADRENERGIC RECEPTORS

CHARACTERISTIC	β1	β2	β3
Location	Heart, JG cells in kidney	Bronchi, Blood vessel, Uterus, Liver, GIT Urinary tract, Eye	Adipose tissue
Selective agonist	Dobutamine	Salbutamol	BRL
Selective antagonist	Metroprolol, Atenolol	α- methyl prpranlol	CGP 20712A (also β1)
Reletive potency of NA and adrenalie	NA ≤ adrenlaine	NA <<Adrenaline	Noradrealine > Adrenaline

7. Epinephrine is NOT used in

(a) Bronchospasm

(b) Hypertension

(c) Hypersensitivity reaction

(d) Increased intra ocular pressure

7. Epinephrine is NOT used in

(a) Bronchospasm

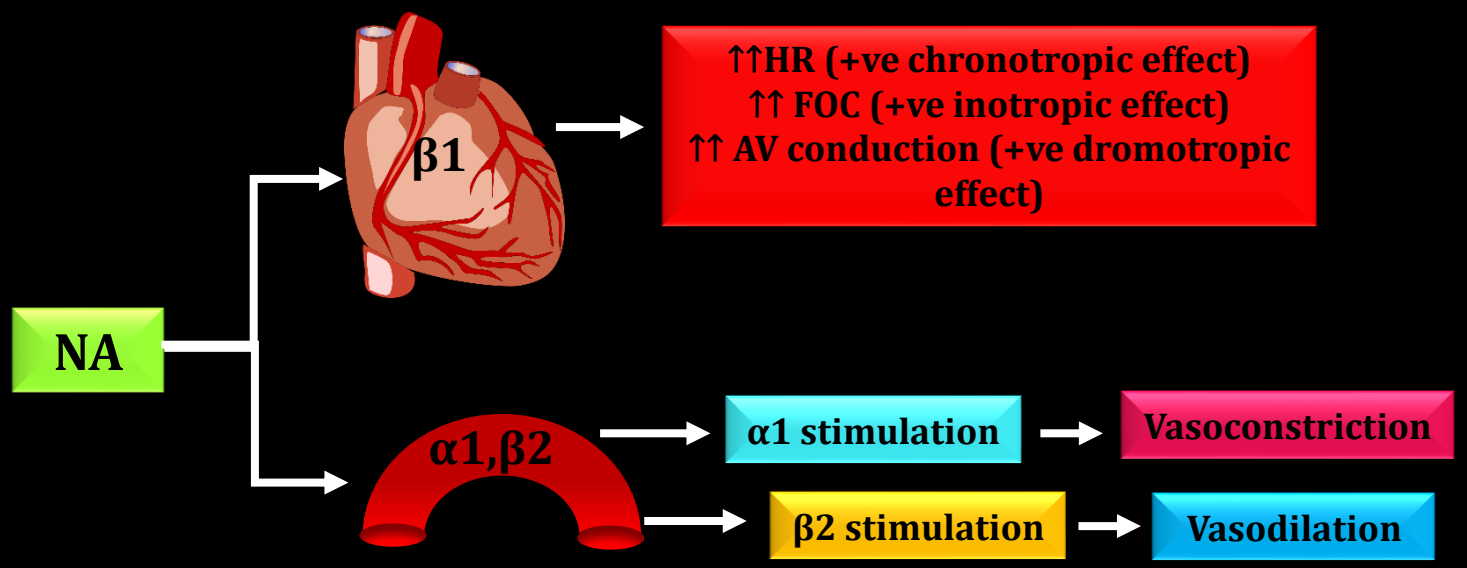
(b) Hypertension

(c) Hypersensitivity reaction

(d) Increased intra ocular pressure

PHARMACOLOGICAL ACTIONS

Cardiovascular system



8. Which among the following is stored in light resistant container

(a) Albendazole

(b) AllopurinolAlprazol

(c) Adrenaline

(d) Alprazolam

8. Which among the following is stored in light resistant container

(a) Albendazole

(b) AllopurinolAlprazol

(c) Adrenaline

(d) Alprazolam

Epinephrine

- Parenterally administered epinephrine initially may produce constriction of renal blood vessels and decrease urine formation.
- Epinephrine Injection, USP is subject to oxidation and should be protected against exposure to light and stored in light-resistant containers.

9. Which of the following drug reduces blood pressure primarily by directly decreasing heart rate alone

(a) Alpha methyl dopa

(b) Nitroprusside sodium

(c) Propranolol

(d) Prazosin

9. Which of the following drug reduces blood pressure primarily by directly decreasing heart rate alone

(a) Alpha methyl dopa

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Propranolol

- Propranolol decreases heart rate, force of contraction (at relatively higher doses) and cardiac output (c.o.).
- It prolongs systole by retarding conduction so that synergy of contraction of ventricular fibres is disturbed.
- The effects on a normal resting subject are mild, but become prominent under sympathetic overactivity (exercise, emotion).

10. Beta blocker that decreases both systolic and diastolic blood pressure is

(a) Nebivolol

(b) Sotalol

(c) Atenolol

(d) Propranolol

10. Beta blocker that decreases both systolic and diastolic blood pressure is

(a) Nebivolol

(b) Sotalol

(c) Atenolol

(d) Propranolol

Nebivolol

- This highly selective β1 blocker also acts as a NO donor, produces vasodilatation and has the potential to improve endothelial function, which may delay atherosclerosis.
- Absence of deleterious effect on plasma lipids and on carbohydrate metabolism is another advantage.
- In contrast to older β blockers, hypotensive response to nebivolol has a rapid onset because it decreases both systolic and diastolic BP. It has been used in hypertension and CHF.

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11. Which of the following statement is INCORRECT about Atenolol

(a) It is selective beta blocker

(b) It has no membrane stabilizing effects

(c) It has short duration of action

(d) Central side effects are rare

11. Which of the following statement is INCORRECT about Atenolol

(a) It is selective beta blocker

(b) It has no membrane stabilizing effects

(c) It has short duration of action

(d) Central side effects are rare

Atenolol

- A relatively selective β1 blocker having low lipid solubility. It is incompletely absorbed orally, but first pass metabolism is not significant.
- Because of longer duration of action, once daily dose is often sufficient.
- Excreted unchanged by renal excretion.
- Side effects related to CNS action are less likely. No deleterious effects on lipid profile have been noted.
- Effective dose for most individuals falls in a narrow range. It is one of the most commonly used β blockers for hypertension and angina.

12. Naturally occurring sympatholytic is

(a) Strychnine

(b) Morphine

(c) Reserpine

(d) Quinine

12. Naturally occurring sympatholytic is

(a) Strychnine

(b) Morphine

(c) Reserpine

(d) Quinine

Reserpine

- Reserpine, a sympatholytic that causes the depletion of catecholamines and serotonin in tissues throughout the body, is well-absorbed orally.

13. Sympathetic blocking drug Guanethidine acts by

(a) Depleting catecholamines

(b) By interfering with synthesis of adrenergic transmitter

(c) By interfering with transmission of impulse across postganglionic adrenergic neutron

(d) By blocking adrenergic receptors

13. Sympathetic blocking drug Guanethidine acts by

(a) Depleting catecholamines

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(c) By interfering with transmission of impulse across postganglionic adrenergic neutron

(d) By blocking adrenergic receptors

Reserpine, guanethidine, tricyclic antidepressants

- Excitement, rise in BP and body temperature can occur when these drugs are given to a patient on MAO inhibitors. This is due to their initial NA releasing or uptake blocking action.

14. Choose the selective blocker of beta-1 Adrenoceptor

(a) Labetalol

(b) Prazosin

(c) Atenolol

(d) Propranolol

14. Choose the selective blocker of beta-1 Adrenoceptor

(a) Labetalol

(b) Prazosin

(c) Atenolol

(d) Propranolol

DIFFERENCE BETWEEN β1, β2 & β3 ADRENERGIC RECEPTORS

CHARACTERISTIC	β1	β2	β3
Location	Heart, JG cells in kidney	Bronchi, Blood vessel, Uterus, Liver, GIT Urinary tract, Eye	Adipose tissue
Selective agonist	Dobutamine	Salbutamol	BRL
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Reletive potency of NA and adrenalie	NA ≤ adrenlaine	NA <<Adrenaline	Noradrealine > Adrenaline

15. Which is NOT a cardioselective Beta-blocker

(a) Acebutolol

(b) Atenolol

(c) Pindolol

(d) Metoprolol

15. Which is NOT a cardioselective Beta-blocker

(a) Acebutolol

(b) Atenolol

(c) Pindolol

(d) Metoprolol

Cardio-selective (Selective β1 Blockers) [Also known as second generation β-blockers]

- These agents are preferred in patients with
  - diabetes mellitus,
  - bronchial asthma,
  - peripheral vascular disease or
  - hyperlipidemia

TRICK

New → Nebivolol (Most cardioselective)
Beta → Betaxolol
Blockers → Bisoprolol
Acting → Acebutolol
Exclusively → Esmolol
At → Atenolol
Myo → Metoprolol
Cardium → Celiprolol

16. Alpha-1 blocker without any effect on blood pressure is

(a) Tamsulosin

(b) Prazosin

(c) Doxazosin

(d) Terazosin

16. Alpha-1 blocker without any effect on blood pressure is

(a) Tamsulosin

(b) Prazosin

(c) Doxazosin

(d) Terazosin

Tamsulosin

- This relatively uroselective α1A/ α1D blocker (α1A : α1B affinity 7–38 fold) has been found as effective as terazosin in improving BHP symptoms, because α1A subtype predominate in the bladder base and prostate.
- However, it lacks the prostatic apoptosis promoting property of terazosin and doxazosin.
- Tamsulosin does not cause significant changes in BP or HR at doses which relieve urinary symptoms, and it is not used as an antihypertensive.

17. β-adrenergic blocker that is primarily eliminated unchanged by renal excretion

(a) Propranolol

(b) Metoprolol

(c) Atenolol

(d) Esmolol

17. β-adrenergic blocker that is primarily eliminated unchanged by renal excretion

(a) Propranolol

(b) Metoprolol

(c) Atenolol

(d) Esmolol

Atenolol

- A relatively selective β1 blocker having low lipid solubility. It is incompletely absorbed orally, but first pass metabolism is not significant.
- Because of longer duration of action, once daily dose is often sufficient.
- Excreted unchanged by renal excretion.
- Side effects related to CNS action are less likely. No deleterious effects on lipid profile have been noted.
- Effective dose for most individuals falls in a narrow range. It is one of the most commonly used β blockers for hypertension and angina.

18. Which of the following is used as a naturally occurring antispasmodic

(a) Reserpine

(b) Papaverine

(c) Quinidine

(d) Ephedrine

18. Which of the following is used as a naturally occurring antispasmodic

(a) Reserpine

(b) Papaverine

(c) Quinidine

(d) Ephedrine

Naturally occurring antispasmodics are:

- Papaverine
- Belladonna
- Fennel
- Ginger
- Peppermint etc.

19. Example for selective α-2 adrenergic blocker

(a) Phentermine

(b) Yohimbine

(c) Chlorpromazine

(d) Prazosin

19. Example for selective α-2 adrenergic blocker

(a) Phentermine

(b) Yohimbine

(c) Chlorpromazine

(d) Prazosin

α-ADRENERGIC BLOCKING DRUGS

PHARMACY INDIA

Nonequilibrium type

β-Haloalkylamines—
Phenoxybenzamine

Equilibrium type (competitive)

Nonselective

Ergot alkaloids—
Ergotamine,
Ergotoxine

Imidazoline—
Phentolamine

Hydrogenated ergot alkaloids—
Dihydroergotamine,
Dihydroergotoxin

Miscellaneous–
Chlorpromazine

α1-Nonselective
Prazosin,
Terazosin,
Doxazosin,
Alfuzosin,
Tamsulosin

α2-Nonselective
Yohimbine

20. Example for cardio-selective beta blocker

(a) Atenolol

(b) Timolol

(c) Sotalol

(d) Pindolol

20. Example for cardio-selective beta blocker

(a) Atenolol

(b) Timolol

(c) Sotalol

(d) Pindolol

Cardio-selective (Selective β1 Blockers) [Also known as second generation β-blockers]

- These agents are preferred in patients with
  - diabetes mellitus,
  - bronchial asthma,
  - peripheral vascular disease or
  - hyperlipidemia

TRICK

New → Nebivolol (Most cardioselective)
Beta → Betaxolol
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21. Phentolamine is a

(a) Adrenergic neuron blocker

(b) H1 antagonist

(c) Alpha-adrenoreceptor antagonist

(d) Beta-adrenoreceptor antagonist

21. Phentolamine is a

(a) Adrenergic neuron blocker

(b) H1 antagonist

(c) Alpha-adrenoreceptor antagonist

(d) Beta-adrenoreceptor antagonist

α-ADRENERGIC BLOCKING DRUGS

PHARMACY INDIA

Nonequilibrium type

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Equilibrium type (competitive)

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Ergotamine,
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Imidazoline—
Phentolamine

Hydrogenated ergot alkaloids—
Dihydroergotamine,
Dihydroergotoxin

Miscellaneous–
Chlorpromazine

α1-Nonselective
Prazosin,
Terazosin,
Doxazosin,
Alfuzosin,
Tamsulosin

α2-Nonselective
Yohimbine

22. Which of the following is beta adrenergic blocker

(a) Ramipril

(b) Valsartan

(c) Verapamil

(d) Propranolol

22. Which of the following is beta adrenergic blocker

(a) Ramipril

(b) Valsartan

(c) Verapamil

(d) Propranolol

β-ADRENERGIC BLOCKING DRUGS

1st Generation Non-Selective

- Propranolol
- Timolol
- Sotalol
- Pindolol

2nd Generation Selective

- Metoprolol
- Atenolol
- Acebutolol
- Bisoprolol
- Esmolol

3rd Generation

β-blocker with additional vasodilatory property

Non-selective

- Labetalol
- Carvedilol
- Carteolol

β1-selective

- Betaxolol
- Celiprolol

αβ-blocker → Labetalol, Carvedilol

23. Which of the following is NOT an adverse effect of Propranolol

(a) Lactic acidosis

(b) Uterine relaxation

(c) Bronchospasm

(d) Hypotension

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(a) Lactic acidosis

(b) Uterine relaxation

(c) Bronchospasm

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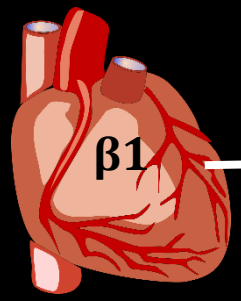
ACTIONS OF β-ADRENERGIC BLOCKERS

Cardiovascular system



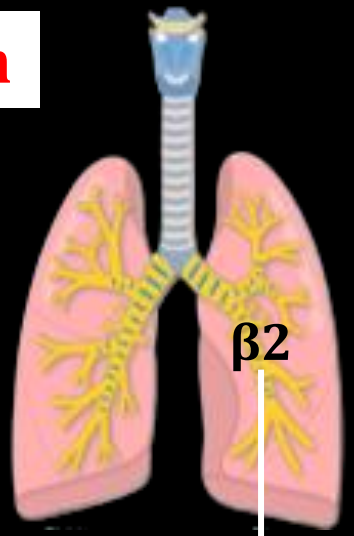
β1 blockade → ↓↓HR (-ve chronotropic effect)
↓↓ FOC (-ve inotropic effect)
↓↓AV conduction (-ve dromotropic effect)

Blood Vessels

β2 blockade → Vasodilation → ↓ses BP

ACTIONS OF β-ADRENERGIC BLOCKERS

Respiratory System

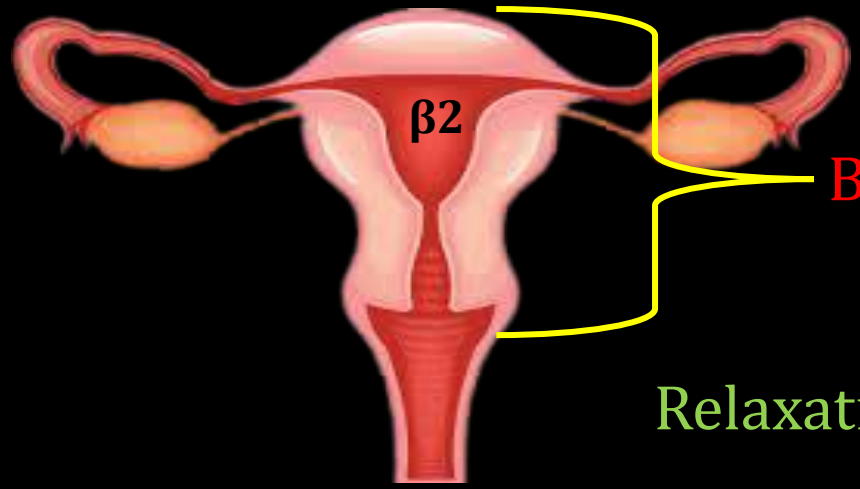


Blockade

Constricts the bronchial smooth muscle (Bronchoconstriction)

ACTIONS OF β-ADRENERGIC BLOCKERS

Uterus



Blockade

↓

Relaxation of Uterus

24. Cardio selective beta blocker

(a) Propranolol

(b) Timolol

(c) Carvedilol

(d) Metoprolol

24. Cardio selective beta blocker

(a) Propranolol

(b) Timolol

(c) Carvedilol

(d) Metoprolol

Cardio-selective (Selective β1 Blockers) [Also known as second generation β-blockers]

- These agents are preferred in patients with
  - diabetes mellitus,
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New → Nebivolol (Most cardioselective)
Beta → Betaxolol
Blockers → Bisoprolol
Acting → Acebutolol
Exclusively → Esmolol
At → Atenolol
Myo → Metoprolol
Cardium → Celiprolol

25. Beta blocker with membrane stabilizing activity

(a) Propranolol

(b) Timolol

(c) Atenolol

(d) Esmolol

25. Beta blocker with membrane stabilizing activity

(a) Propranolol

(b) Timolol

(c) Atenolol

(d) Esmolol

Propranolol

- Propranolol decreases heart rate, force of contraction (at relatively higher doses) and cardiac output (c.o.).
- It prolongs systole by retarding conduction so that synergy of contraction of ventricular fibres is disturbed.
- The effects on a normal resting subject are mild, but become prominent under sympathetic overactivity (exercise, emotion).
- Some beta-blockers, such as propranolol, labetalol, and pindolol, have membrane-stabilizing activity (MSA).

26. Select the ß-adrenergic blocker that has additional α-blocking, vasodilator and antioxidant properties

(a) Carvedilol

(b) Celiprolol

(c) Acebutolol

(d) Metoprolol

26. Select the ß-adrenergic blocker that has additional α-blocking, vasodilator and antioxidant properties

(a) Carvedilol

(b) Celiprolol

(c) Acebutolol

(d) Metoprolol

Third Generation b-Blockers

- **α-blocker**
  - Labetalol
    Carvedilol
    Medroxalol
    Bucindolol
- **Release of NO**
  - Nebivolol
- **K+ Channel Opener**
  - **Tilisolol**
- **Ca2+ channel blocker**
  - Betaxolol
    Carvedilol
    Bevantolol
- **β2-agonist**
  - Carteolol
    Celiprolol
    Bopindolol

27. Which of the following is NOT a function of beta blocker

(a) Blocks the release of renin from juxtaglomerular apparatus

(b) Increases blood pressure

(c) Decreases heart rate

(d) Increases the coronary blood flow

27. Which of the following is NOT a function of beta blocker

(a) Blocks the release of renin from juxtaglomerular apparatus

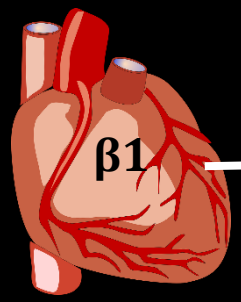
(b) Increases blood pressure

(c) Decreases heart rate

(d) Increases the coronary blood flow

ACTIONS OF β-ADRENERGIC BLOCKERS

Cardiovascular system



β1 blockade → ↓↓HR (-ve chronotropic effect)
↓↓ FOC (-ve inotropic effect)
↓↓AV conduction (-ve dromotropic effect)

Blood Vessels

β2 blockade → Vasodilation → ↓ses BP

28. The following is a selective α-adrenoceptor antagonist

(a) Prazosin

(b) Yohimbine

(c) Phentolamine

(d) Clonidine

28. The following is a selective α-adrenoceptor antagonist

(a) Prazosin

(b) Yohimbine

(c) Phentolamine

(d) Clonidine

α-ADRENERGIC BLOCKING DRUGS

PHARMACY INDIA

Nonequilibrium type

β-Haloalkylamines—
Phenoxybenzamine

Equilibrium type (competitive)

Nonselective

Ergot alkaloids—
Ergotamine,
Ergotoxine

Imidazoline—
Phentolamine

Hydrogenated ergot alkaloids—
Dihydroergotamine,
Dihydroergotoxin

Miscellaneous–
Chlorpromazine

α1-Nonselective
Prazosin,
Terazosin,
Doxazosin,
Alfuzosin,
Tamsulosin

α2-Nonselective
Yohimbine

29. Propranolol can be used to allay anxiety associated with

(a) Chronic neurotic disorder

(b) Schizophrenia

(c) Short-term stressful situations

(d) Endogenous depression

29. Propranolol can be used to allay anxiety associated with

(a) Chronic neurotic disorder

(b) Schizophrenia

(c) Short-term stressful situations

(d) Endogenous depression

Propranolol suppresses anxiety in short-term stressful situations, but this is due to peripheral rather than a specific central action.

30. Select the Ca^{2+} channel blocker that has additional ß blocking properties

(a) Carvedilol

(b) Celiprolol

(c) Acebutolol

(d) Metoprolol

30. Select the Ca^{2+} channel blocker that has additional ß blocking properties

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    Bevantolol
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    Celiprolol
    Bopindolol

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31. Indicate the adrenoreceptor antagonist drug, which is a rauwolfia alkaloid

(a) Prazosin

(b) Propranolol

(c) Reserpine

(d) Phentolamine

31. Indicate the adrenoreceptor antagonist drug, which is a rauwolfia alkaloid

(a) Prazosin

(b) Propranolol

(c) Reserpine

(d) Phentolamine

Reserpine is an adrenoreceptor antagonist drug that comes from the Rauwolfia genus of plants and has been used in medicine since ancient times to treat insanity.

It's also used to treat hypertension and other neurological diseases.

Reserpine works by binding to catecholamines in nerve cells to produce its antihypertensive effect.

32. Which one of the following is a beta blocker

(a) Benazepril

(b) Clonidine

(c) Atenolol

(d) Amlodipine

32. Which one of the following is a beta blocker

(a) Benazepril

(b) Clonidine

(c) Atenolol

(d) Amlodipine

β-ADRENERGIC BLOCKING DRUGS

1st Generation Non-Selective

- Propranolol
- Timolol
- Sotalol
- Pindolol

2nd Generation Selective

- Metoprolol
- Atenolol
- Acebutolol
- Bisoprolol
- Esmolol

3rd Generation

β-blocker with additional vasodilatory property

Non-selective

- Labetalol
- Carvedilol
- Carteolol

β1-selective

- Betaxolol
- Celiprolol

αβ-blocker → Labetalol, Carvedilol

33. A cardioselective blocker with vasodilating properties is

(a) Pindolol

(b) Atenolol

(c) Bisoprolol

(d) Nebivolol

33. A cardioselective blocker with vasodilating properties is

(a) Pindolol

(b) Atenolol

(c) Bisoprolol

(d) Nebivolol

Cardio-selective (Selective β1 Blockers) [Also known as second generation β-blockers]

- These agents are preferred in patients with
  - diabetes mellitus,
  - bronchial asthma,
  - peripheral vascular disease or
  - hyperlipidemia

TRICK

New → Nebivolol (Most cardioselective)
Beta → Betaxolol
Blockers → Bisoprolol
Acting → Acebutolol
Exclusively → Esmolol
At → Atenolol
Myo → Metoprolol
Cardium → Celiprolol

34. Beta blockers are used in treatment of

(a) Hypertension

(b) Diabetes mellitus

(c) Myxedema

(d) Hypercholesterolemia

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(a) Hypertension

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Uses of Beta blockers

- Hypertension
- Angina pectoris
- Cardiac arrhythmias
- Myocardial infarction
- Congestive heart failure
- Dissecting aortic aneurysm
- Pheochromocytoma
- Thyrotoxicosis
- Migraine
- Anxiety
- Essential tremor
- Glaucoma
- Hypertrophic obstructive cardiomyopathy

35. Which of the following is NOT the use of Propranolol

(a) Glaucoma

(b) Cataract

(c) Migraine

(d) Hypertension

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(a) Glaucoma

(b) Cataract

(c) Migraine

(d) Hypertension

Uses of Propranolol

- Hypertension
- Angina pectoris
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- Pheochromocytoma
- Thyrotoxicosis
- Migraine
- Anxiety
- Essential tremor
- Glaucoma
- Hypertrophic obstructive cardiomyopathy

36. Drug acting as cardio selective beta blocker is

(a) Labetalol

(b) Betaxolol

(c) Propranolol

(d) None of these

36. The 3rd Generation selective beta-1 blocker is

(a) Labetalol

(b) Betaxolol

(c) Propranolol

(d) None of these

β-ADRENERGIC BLOCKING DRUGS

1st Generation Non-Selective

- Propranolol
- Timolol
- Sotalol
- Pindolol

2nd Generation Selective

- Metoprolol
- Atenolol
- Acebutolol
- Bisoprolol
- Esmolol

3rd Generation

β-blocker with additional vasodilatory property

Non-selective

- Labetalol
- Carvedilol
- Carteolol

β1-selective

- Betaxolol
- Celiprolol

αβ-blocker → Labetalol, Carvedilol

37. Which of the following drug is used in treatment of glaucoma

(a) Pilocarpine

(b) Acetylcholine

(c) Neostigmine

(d) Atropine

37. Which of the following drug is used in treatment of glaucoma

(a) Pilocarpine

(b) Acetylcholine

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(d) Atropine

Pilocarpine is used in glaucoma due to its pupillary constrictor (miotic) action. However because of its very short duration of action, intraocular tension may increase even if one or two doses are missed.

38. Select the prostaglandin analogue used for glaucoma

(a) Latanoprost

(b) Misoprostol

(c) Gemeprost

(d) Epoprostenol

38. Select the prostaglandin analogue used for glaucoma

(a) Latanoprost

(b) Misoprostol

(c) Gemeprost

(d) Epoprostenol

PGs USED IN GLAUCOMA

Group	Drugs	Mechanism	Adverse effects	Special Points
PGF2α ANALOGS	Latanoprost Bimatoprost Travoprost Tafluprost Unoprostone	↑ Uveoscleral outflow	• Iris pigmentation • Growth of eyelashes • Macular edema in aphakics (Latanoprost) • Reactivation of uveitis (Latanoprost)	• Drug of choice for POAG

39. Which of the following may cause cycloplegia when used topically in the eye

(a) Cortisone

(b) Physostigmine

(c) Pilocarpine

(d) Atropine

39. Which of the following may cause cycloplegia when used topically in the eye

(a) Cortisone

(b) Physostigmine

(c) Pilocarpine

(d) Atropine

PHARMACOLOGICAL ACTION OF ATROPINE

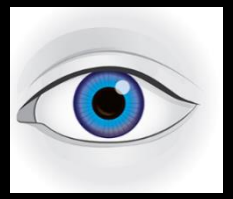
CNS

Control tremor and rigidity of parkinsonism

EXOCRINE GLAND

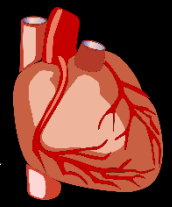
↓↓Secretions

EYE



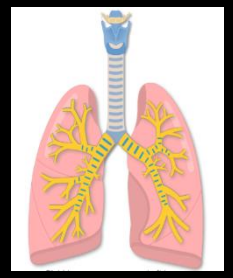
Passive mydriasis
Cycloplegia
Loss of light reflex

CVS



Initial bradycardia
(with low dose)
Tachycardia

BRONCHI



Bronchodilation,
but dries up all
secretion

GIT

↓↓Tone
↓↓ Motility of the gut
↑↑Sphincter tone
(Constipation)

URINARY TRACT

↓↓Tone of detrusor muscle

↑↑Tone of trigone and sphincter
(Urinary retention)

40. One of these ß-blockers, used in glaucoma is

(a) Propranolol

(b) Atenolol

(c) Timolol

(d) Labetalol

40. One of these ß-blockers, used in glaucoma is

(a) Propranolol

(b) Atenolol

(c) Timolol

(d) Labetalol

β-blockers used in Glaucoma

Group	Drugs	Mechanism	Adverse effects	Special Points
BETA BLOCKERS 1. Non-selective (β1 +β2) blockers 2. Cardioselective (β1) blockers	Timolo, Levobunolol, Carteolo, Metipranolol Betaxolol	↓ Formation of aqueous humor	• Allergic blepharon-conjunctivitis. • Precipitates asthma. • Transient stinging and burning in eye.	• Should be avoided in: Asthma, Bradycardia, CHF, Diabetes. • Betaxolol is less likely to precipitate asthma but is less efficacious.

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PHARMACY INDIA

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