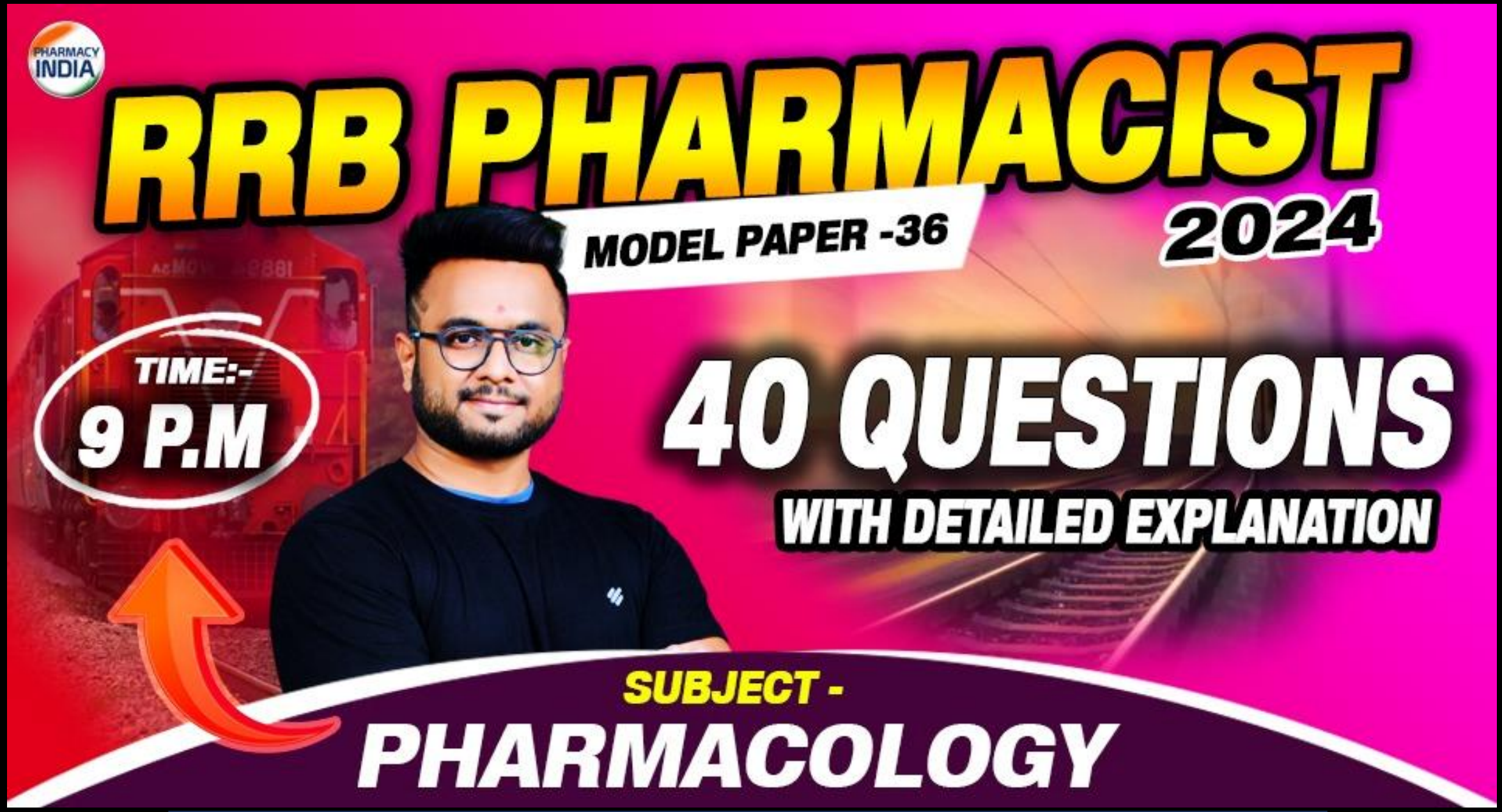

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1. Flush, flare and wheal is associated with injection of which drug

(a) Ergocalciferol
(b) Digitalis
(c) Atropine
(d) Histamine

1. Flush, flare and wheal is associated with injection of which drug

(a) Ergocalciferol

(b) Digitalis

(c) Atropine

(d) Histamine

Action of Histamine on Blood vessels

- Dilate smaller blood vessels (capillaries). H1 (early) and H2 (delayed).
- It causes dilation of small blood vessels and can result in flushing and hypotension.
- ↑se capillary permeability through separation of endothelial cells – exudation of plasma.

- Injected transdermally causes “triple response”.
  - ✓ Red spot (Vasodilation)
  - ✓ Wheal (exudation of fluid)
  - ✓ Flare (spread redness)

2. Pre-administration of which drug reduces severity of adverse effects of Dimercaprol injection

(a) Antihistaminic
(b) Adrenergic beta antagonist
(c) Cholinergic nicotinic antagonist
(d) Urinary acidifying agents

2. Pre-administration of which drug reduces severity of adverse effects of Dimercaprol injection

(a) Antihistaminic

(b) Adrenergic beta antagonist

(c) Cholinergic nicotinic antagonist

(d) Urinary acidifying agents

3. Which of the following is an amine autacoid

(a) Prostaglandins
(b) Leukotriene
(c) Histamine
(d) Bradykinin

3. Which of the following is an amine autacoid

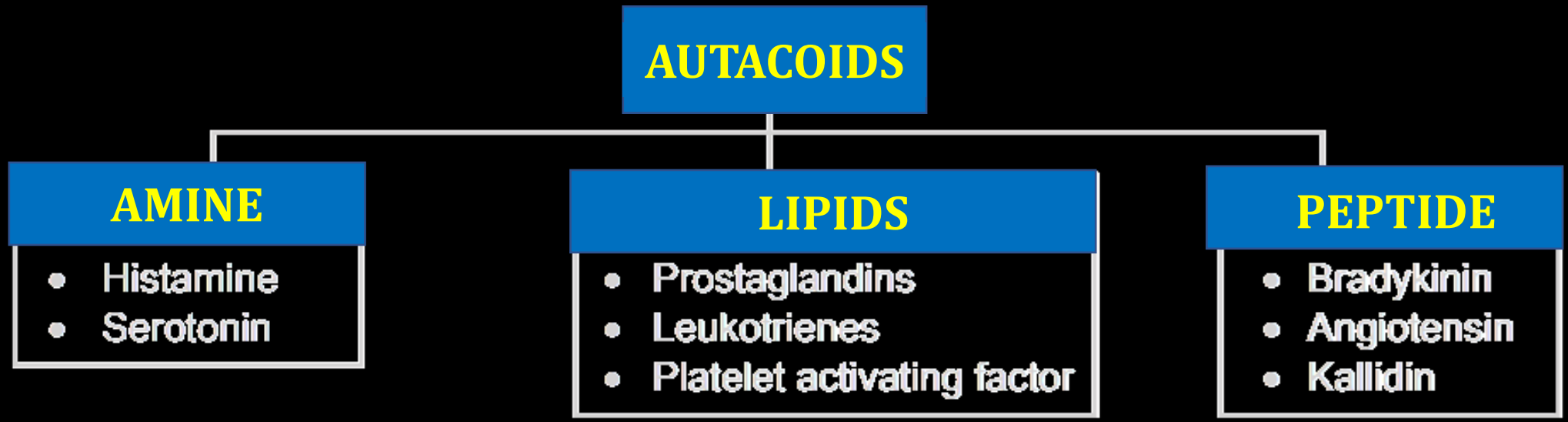
(a) Prostaglandins

(b) Leukotriene

(c) Histamine

(d) Bradykinin

Classification



4. The first stage of characteristic triple response upon injection of histamine is

(a) Wheal
(b) Flush
(c) Flare
(d) Dolor

4. The first stage of characteristic triple response upon injection of histamine is

(a) Wheal

(b) Flush

(c) Flare

(d) Dolor

Action of Histamine on Blood vessels

- Dilate smaller blood vessels (capillaries). H1 (early) and H2 (delayed).
- It causes dilation of small blood vessels and can result in flushing and hypotension.
- ↑se capillary permeability through separation of endothelial cells – exudation of plasma.

- Injected transdermally causes “triple response”.
  - ✓ Red spot (Vasodilation)
  - ✓ Wheal (exudation of fluid)
  - ✓ Flare (spread redness)

5. Cetirizine is an antihistaminic agent with

(a) High-sedative potential

(b) Low-sedative potential

(c) High-antidepressant potential

(d) Low-antidepressant potential

5. Cetirizine is an antihistaminic agent with

(a) High-sedative potential

(b) Low-sedative potential

(c) High-antidepressant potential

(d) Low-antidepressant potential

Classification of Antihistaminic

1st Generation H1 Antihistaminics		
Highly Sedative	**Moderately Sedative**	**Mild Sedative**
Diphenhydramine Dimenhydrinate Promethazine Hydroxyzine	Pheniramine Cyproheptadine Meclozine (Meclizine) Buclizine Cinnarizine	Chlorpheniramine Dexchlorpheniramine Triprolidine Cyclizine Clemastine

6. Identify antihistamine drug with additional serotonin receptor block and good appetite stimulant property

(a) Cyproheptadine
(b) Cimetidine
(c) Ranitidine
(d) Chlorpheniramine

6. Identify antihistamine drug with additional serotonin receptor block and good appetite stimulant property

(a) Cyproheptadine

(b) Cimetidine

(c) Ranitidine

(d) Chlorpheniramine

Cyproheptadine: It blocks 5 HT2A, H1 and muscarinic receptors. It increases appetite and can be used in children to promote weight gain.

7. Clinically H1 Antihistamines are used for

(a) Allergic conditions

(b) Inhibition of gastric secretion

(c) Improving learning

(d) Inflammatory condition

7. Clinically H1 Antihistamines are used for

(a) Allergic conditions

(b) Inhibition of gastric secretion

(c) Improving learning

(d) Inflammatory condition

H1 antihistamines, formerly known as H1 receptor antagonists or H1 receptor blockers, are among the most commonly used medications in the world not only for prevention and treatment of symptoms allergic reactions.

8. Which of the following effect is NOT mediated by Histamine type-2 receptors

(a) Vasodilatation
(b) Bronchoconstriction
(c) Gastric acid secretion
(d) Tachycardia

8. Which of the following effect is NOT mediated by Histamine type-2 receptors

(a) Vasodilatation

(b) Bronchoconstriction

(c) Gastric acid secretion

(d) Tachycardia

	H1	H2	H3
Selective agonists	• 2-Methyl histamine • 2-Pyridylethylamine • 2-Thiazolyl ethylamine	• Dimaprit • Impromidine	• α-Methyl histamine • Imetit
Selective antagonists	• Mepyramine • Chlorpheniramine	• Cimetidine • Ranitidine	• Thioperamide • Impromidine
Distribution in body: actions mediated	a) Smooth muscle (intestine, airway, uterus)—contraction b) Blood vessels • Endothelium: Release of NO and, PGI2—vasodilatation. (widening of gap junctions—increased capillary permeability) • Smooth muscle of larger vessels—vasoconstriction. a) Afferent nerve endings—stimulation b) Ganglionic cell—stimulation. c) Adrenal medulla—release of CAs. d) Brain—transmitter.	a) Gastric glands—acid secretion b) Blood vessels (smooth muscle)—dilatation c) Hear Thioperamide – • Atria: +ve chronotropy • Ventricles: +ve inotropy a) Uterus (rat)—relaxation b) Brain—transmitter	a) Brain (presynaptically)—inhibition of histamine release →sedation b) Lung, spleen, skin, gastric mucosa — decrease histamine release c) Ileum—inhibition of Ach release from myenteric plexus neurones d) Certain blood vessels—inhibit NA release →vasodilatation

9. Patients taking a first generation H1 Antihistaminic should be advised to avoid

(a) Taking milk products
(b) Driving motor vehicles
(c) Hard physical exertion
(d) All of these

9. Patients taking a first generation H1 Antihistaminic should be advised to avoid

(a) Taking milk products

(b) Driving motor vehicles

(c) Hard physical exertion

(d) All of these

H1 Receptor Antagonist

1st Generation	2nd Generation
They can cross BBB	They can't cross BBB
Causes sedation and drowsiness	Not causes sedation and drowsiness
Have anticholinergic action	No anticholinergic action
Side effects – dryness, blurring of vision, constipation, urinary retention	No side effects
Uses – Anti-emetic, drug induced parkinsonism, common cold	Uses – allergy and inflammation

10. High anticholinergic property is present in the following antihistaminic

(a) Astemizole
(b) Diphenhydramine
(c) Terfenadine
(d) Cetirizine

10. High anticholinergic property is present in the following antihistaminic

(a) Astemizole

(b) Diphenhydramine

(c) Terfenadine

(d) Cetirizine

Classification of Antihistaminic

1st Generation H1 Antihistaminics		
Highly Sedative	**Moderately Sedative**	**Mild Sedative**
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11. Which of the following is TRUE about Latanoprost

(a) Increase trabecular mesh work outflow

(b) Increase uveoscleral outflow

(c) Cause papillary dilation

(d) Cause Iris hyperpigmentation by stimulating the multiplication of melanocytes

11. Which of the following is TRUE about Latanoprost

(a) Increase trabecular mesh work outflow

(b) Increase uveoscleral outflow

(c) Cause papillary dilation

(d) Cause Iris hyperpigmentation by stimulating the multiplication of melanocytes

Eye

- $PGF_{2\alpha}$ decreases intraocular pressure by increasing the uveoscleral outflow.
- Latanoprost (PGF2α) is being used as eye drops for glaucoma.
- Bimatoprost, travaprost and unoprostone are new prostaglandin analogues for this indication.

12. Which among the following is antihistaminic drug

(a) Diphenhydramine

(b) Chlordiazepoxide

(c) Pilocarpine

(d) Amphetamine

12. Which among the following is antihistaminic drug

(a) Diphenhydramine

(b) Chlordiazepoxide

(c) Pilocarpine

(d) Amphetamine

Classification of Antihistaminic

1st Generation H1 Antihistaminics		
Highly Sedative	**Moderately Sedative**	**Mild Sedative**
Diphenhydramine Dimenhydrinate Promethazine Hydroxyzine	Pheniramine Cyproheptadine Meclozine (Meclizine) Buclizine Cinnarizine	Chlorpheniramine Dexchlorpheniramine Triprolidine Cyclizine Clemastine

2nd Generation H1 Antihistaminics
Fexofenadine
Loratadine
Desloratadine
Cetirizine
Levocetirizine
Azelastine
Mizolastine
Ebastine
Rupatadine

13. A moderately sedative antihistamine

(a) Promethazine

(b) Hydroxyzine

(c) Clemastine

(d) Antazoline

13. A moderately sedative antihistamine

(a) Promethazine

(b) Hydroxyzine

(c) Clemastine

(d) Antazoline

Classification of Antihistaminic

1st Generation H1 Antihistaminics		
Highly Sedative	**Moderately Sedative**	**Mild Sedative**
Diphenhydramine Dimenhydrinate Promethazine Hydroxyzine	Pheniramine Cyproheptadine Meclozine (Meclizine) Buclizine Cinnarizine Antazoline	Chlorpheniramine Dexchlorpheniramine Triprolidine Cyclizine Clemastine

14. What is the role of Misoprostol

(a) Is helpful in preventing ulcers induced by NSAIDS

(b) Can cause constipation

(c) Does not inhibit acid secretion

(d) Can delay labour in pregnant woman

14. What is the role of Misoprostol

(a) Is helpful in preventing ulcers induced by NSAIDS

(b) Can cause constipation

(c) Does not inhibit acid secretion

(d) Can delay labour in pregnant woman

GIT

- PGE2 and PGI2 decrease acid secretion and increase mucus production and mucosal blood flow. All these factors decrease the chances of peptic ulcer. NSAIDs on long term use can precipitate PUD due to inhibition of PG synthesis.
- Misoprostol is the most specific drug for the treatment of peptic ulcer due to chronic NSAID use. [Remember, the drug of choice is proton pump inhibitors]

15. Which one of the following receptor is NOT a ligand-gated ion channel receptor

(a) Nicotinic Receptor

(b) 5HT-Receptor

(c) GABA Receptor

(d) H_2 Receptor

15. Which one of the following receptor is NOT a ligand-gated ion channel receptor

(a) Nicotinic Receptor

(b) 5HT-Receptor

(c) GABA Receptor

(d) H_2 Receptor

Ion Channel Receptors

- Fastest acting.
- These cell surface receptors, also called ligand gated ion channels/ inotropic receptor.
- Binding of agonist to ion channel → Opens the ion channel (Na^+, K^+, Ca^{2+} or Cl^-) → flow of ions through channel → causes depolarization/hyperpolarization → tissue response.
- **Examples –**
  - Nicotinic receptor
  - Cholinergic receptor
  - $GABA_A$ receptor
  - Glycine (inhibitory AA) receptor
  - Excitatory AA-glutamate (kainate, NMDA and AMPA) and 5HT3 receptors.

16. The non-sedating antihistaminic is

(a) Terfenadine

(b) Diphenyl hydrazine

(c) Meclizine

(d) Mepyramine

16. The non-sedating antihistaminic is

(a) Terfenadine

(b) Diphenyl hydrazine

(c) Meclizine

(d) Mepyramine

2nd Generation H1 Antihistaminics
Fexofenadine
Loratadine
Desloratadine
Cetirizine
Levocetirizine
Azelastine
Mizolastine
Ebastine
Rupatadine

17. Which one of the following is ethylene diamine derivative anti-histamine agent

(a) Carbinoxamine
(b) Triprolidine
(c) Methapyrilene
(d) Diphenhydramine

17. Which one of the following is ethylene diamine derivative anti-histamine agent

(a) Carbinoxamine

(b) Triprolidine

(c) Methapyrilene

(d) Diphenhydramine

Methapyrilene is a member of the class of ethylenediamine derivatives that is ethylenediamine in which one of the nitrogens is substituted by two methyl groups, and the other nitrogen is substituted by a 2-pyridyl group and a (2-thienyl)methyl group.

18. All of the following are second generation except

(a) Desloratadine

(b) Fexofenadine

(c) Azelastine

(d) Promethazine

18. All of the following are second generation except

(a) Desloratadine

(b) Fexofenadine

(c) Azelastine

(d) Promethazine

2nd Generation H1 Antihistaminics
Fexofenadine
Loratadine
Desloratadine
Cetirizine
Levocetirizine
Azelastine
Mizolastine
Ebastine
Rupatadine

19. Which of the following is NOT a second- generation Antihistamine

(a) Astemizole
(b) Promethazine
(c) Cetirizine
(d) Loratadine

19. Which of the following is NOT a second- generation Antihistamine

(a) Astemizole

(b) Promethazine

(c) Cetirizine

(d) Loratadine

2nd Generation H1 Antihistaminics
Fexofenadine
Loratadine
Desloratadine
Cetirizine
Levocetirizine
Azelastine
Mizolastine
Ebastine
Rupatadine

20. Which of the following is an H_2 receptor antagonist

(a) Cyclizing

(b) Cimetidine

(c) Propoxyphene

(d) Loperamide

20. Which of the following is an H_2 receptor antagonist

(a) Cyclizing

(b) Cimetidine

(c) Propoxyphene

(d) Loperamide

	H1	H2	H3
Selective agonists	• 2-Methyl histamine • 2-Pyridylethylamine • 2-Thiazolyl ethylamine	• Dimaprit • Impromidine	• α-Methyl histamine • Imetit
Selective antagonists	• Mepyramine • Chlorpheniramine	• Cimetidine • Ranitidine	• Thioperamide • Impromidine

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21. Which of the following is NOT a second generation. antihistaminic

(a) Cyclizine
(b) Fexofenadine
(c) Loratadine
(d) Acrivastine

21. Which of the following is NOT a second generation. antihistaminic

(a) Cyclizine

(b) Fexofenadine

(c) Loratadine

(d) Acrivastine

Classification of Antihistaminic

1st Generation H1 Antihistaminics		
Highly Sedative	**Moderately Sedative**	**Mild Sedative**
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22. A highway truck driver has profuse rhinorrhea and sneezing, which amongst t following drugs would you prescribe him

(a) Pheniramine
(b)Promethazine
(c) Dimenhydrinate
(d) Cetirizine

22. A highway truck driver has profuse rhinorrhea and sneezing, which amongst t following drugs would you prescribe him

(a) Pheniramine

(b)Promethazine

(c) Dimenhydrinate

(d) Cetirizine

2nd Generation H1 Antihistaminics
Fexofenadine
Loratadine
Desloratadine
Cetirizine
Levocetirizine
Azelastine
Mizolastine
Ebastine
Rupatadine

23. 5-Hydroxytryptamine is also called as

(a) Glycine

(b) Serotonin

(c) Dopamine

(d) Tryptamine

23. 5-Hydroxytryptamine is also called as

(a) Glycine

(b) Serotonin

(c) Dopamine

(d) Tryptamine

5-hydroxytryptamine (serotonin) is synthesized from tryptophan.

It is produced by hydroxylation followed by decarboxylation of tryptophan; steps similar to catecholamine synthesis.

It is similarly stored in the vesicles and its action is terminated by reuptake.

24. A drug which is NOT an anti-histaminic

(a) Chlorpheniramine

(b) Promethazine

(c) Diphenhydramine

(d) Chlorpromazine

24. A drug which is NOT an anti-histaminic

(a) Chlorpheniramine

(b) Promethazine

(c) Diphenhydramine

(d) Chlorpromazine

24. A drug which is NOT an anti-histaminic

(a) Chlorpheniramine

(b) Promethazine

(c) Diphenhydramine

(d) Chlorpromazine

ANTI-PSYCHOTICS

CLASSIFICATION	CLASS	DRUGS
Phenothiazines	**Aliphatic side chain**	Chlorpromazine, Trifluprомazine
	Piperidine side chain	Thioridazine
	Piperazine side chain	Trifluoperazine, Fluphenazine
Butyrophenones	**Haloperidol, Trifluperidol, Penfluridol**	
Thioxanthine	Flupenthixol	
Other heterocyclic	Pimozide, Loxapine, Levosulpride	
Atypical neuroleptics	Clozapine, Risperidone, Olanzapine, Quetiapine, Aripiprazole, Ziprasidone, Amisulpiride, Zotepine	

25. Which of the following is short acting ß2-agonist used in asthma

(a) Terbutaline
(b) Salmeterol
(c) Formoterol
(d) None of these

25. Which of the following is short acting ß2-agonist used in asthma

(a) Terbutaline

(b) Salmeterol

(c) Formoterol

(d) None of these

BETA AGONISTS

- Salbutamol (albuterol), levalbuterol, bitolterol, fenoterol, metaproterenol, terbutaline, pirbuterol, salmeterol, formoterol, arformoterol, carmoterol and indacterol are selective β2 agonists useful in bronchial asthma.
- These drugs should not be used in mother having heart disease or diabetes mellitus.
- β2 agonists can also produce tachycardia, palpitations, tremors, hyperglycemia and hypokalemia.

26. Commonest side effect of antihistaminic is

(a) Sedation
(b) Tinnitus
(c) Euphoria
(d) Lassitude

26. Commonest side effect of antihistaminic is

(a) Sedation

(b) Tinnitus

(c) Euphoria

(d) Lassitude

H1 Receptor Antagonist

1st Generation	2nd Generation
They can cross BBB	They can't cross BBB
Causes sedation and drowsiness	Not causes sedation and drowsiness
Have anticholinergic action	No anticholinergic action
Side effects – dryness, blurring of vision, constipation, urinary retention	No side effects
Uses – Anti-emetic, drug induced parkinsonism, common cold	Uses – allergy and inflammation

27. All are uses of antihistaminic EXCEPT

(a) Urticaria

(b) Motion sickness

(c) Pruritus

(d) Glaucoma

27. All are uses of antihistaminic EXCEPT

(a) Urticaria

(b) Motion sickness

(c) Pruritus

(d) Glaucoma

Uses of H1 and H2 Antihistaminic

1. Allergic disorders
2. Pruritides
3. Common cold
4. Motion sickness
5. Vertigo
6. Preanaesthetic medication
7. Cough
8. Parkinsonism
9. Acute muscle dystonia
10. As sedative, hypnotic, anxiolytic

28. All of the following are the roles of Histamine EXCEPT

(a) It increases appetite
(b) It produces sensation of itch
(c) Causes bronchoconstriction
(d) Increases gastric acid secretion

28. All of the following are the roles of Histamine EXCEPT

(a) It increases appetite

(b) It produces sensation of itch

(c) Causes bronchoconstriction

(d) Increases gastric acid secretion

Histamine Actions

1. **Blood vessels**
   - Dilate smaller blood vessels (capillaries). H1 (early) and H2 (delayed).
   - ↑se capillary permeability through separation of endothelial cells – exudation of plasma.
   - Injected transdermally causes “triple response”.
     - ✓ Red spot (Vasodilation)
     - ✓ Wheal (exudation of fluid)
     - ✓ Flare (spread redness)

2. Smooth muscle

- Contraction of intestine, bronchi, and uterus (H1).

3. Glands

- Increase gastric HCl secretion (H2).

4. CNS

- Histamine is ionized – “No CNS effect”.

Betahistine – Histamine analogue that is used orally to treat vertigo in meneier’s disease. Improving blood flow in inner ear.

29. What is the fatal dose of Antihistamines

(a) 1 to 5 mg/Kg

(b) 25 to 50 mg/Kg

(c) 5 to 10 mg/k mg

(d) 10 to 15 mg/Kg

29. What is the fatal dose of Antihistamines

(a) 1 to 5 mg/Kg

(b) 25 to 50 mg/Kg

(c) 5 to 10 mg/k mg

(d) 10 to 15 mg/Kg

The fatal dose of Antihistamines 25 to 50 mg/Kg.

30. What is the maintenance dose of Roxatidine

(a) 150 mg Twice a day

(b) 75 mg at Bed time

(c) 150 mg Three times a day

(d) 75 mg three times a day

30. What is the maintenance dose of Roxatidine

(a) 150 mg Twice a day

(b) 75 mg at Bed time

(c) 150 mg Three times a day

(d) 75 mg three times a day

Roxatidine

- The pharmacodynamic, pharmacokinetic and side effect profile of roxatidine is similar to that of ranitidine, but it is twice as potent and longer acting.
- It has no antiandrogenic or cytochrome P450 inhibitory action.
- Dose: 150 mg at bed time or 75 mg BD; maintenance 75 mg at bed time.

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31. Which of the following is NOT a lipid derived autacoid

(a) Leukotrienes
(b) Prostaglandins
(c) Histamine
(d) Platelet activating factor

31. Which of the following is NOT a lipid derived autacoid

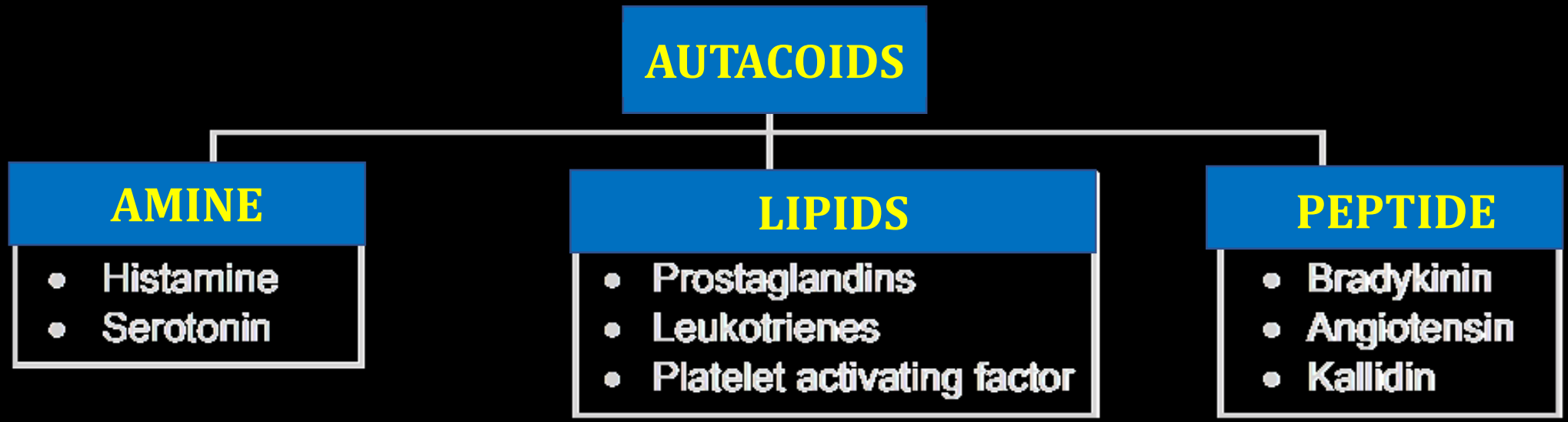
(a) Leukotrienes

(b) Prostaglandins

(c) Histamine

(d) Platelet activating factor

Classification



32. Tissue amine widely distributed in plants, animals and in the venom of Bees and Wasps

(a) Serotonin
(b) Tyramine
(c) Histamine
(d) Adrenaline

32. Tissue amine widely distributed in plants, animals and in the venom of Bees and Wasps

(a) Serotonin

(b) Tyramine

(c) Histamine

(d) Adrenaline

- Histamine, meaning ‘tissue amine’ (histos—tissue) is almost ubiquitously present in animal tissues and in certain plants, e.g. stinging nettle.
- Histamine is also present in blood, most body secretions, venoms and pathological fluids.

33. Cyclizine is a

(a) 5- HT_3 antagonist

(b) 5 HT_4 antagonist

(c) H_1 antagonism

(d) H_1 agonist

33. Cyclizine is a

(a) 5- HT_3 antagonist

(b) 5 HT_4 antagonist

(c) H_1 antagonism

(d) H_1 agonist

Classification of Antihistaminic

1st Generation H1 Antihistaminics		
Highly Sedative	**Moderately Sedative**	**Mild Sedative**
Diphenhydramine Dimenhydrinate Promethazine Hydroxyzine	Pheniramine Cyproheptadine Meclozine (Meclizine) Buclizine Cinnarizine Antazoline	Chlorpheniramine Dexchlorpheniramine Triprolidine Cyclizine Clemastine

34. Drugs which treat rhinitis and other allergic conditions

(a) Antimicrobial agents

(b) Amphetamine

(c) Penicillamine

(d) Antihistamines

34. Drugs which treat rhinitis and other allergic conditions

(a) Antimicrobial agents

(b) Amphetamine

(c) Penicillamine

(d) Antihistamines

Uses of H1 and H2 Antihistaminic

1. Allergic disorders
2. Pruritides
3. Common cold
4. Motion sickness
5. Vertigo
6. Preanaesthetic medication
7. Cough
8. Parkinsonism
9. Acute muscle dystonia
10. As sedative, hypnotic, anxiolytic

35. 5-HT produces contraction of smooth muscle and platelet aggregation via receptor

(a) 5-HT_1

(b) 5-HT_2

(c) 5-HT_3

(d) 5-HT_4

35. 5-HT produces contraction of smooth muscle and platelet aggregation via receptor

(a) $5\text{-}HT_1$

(b) $5\text{-}HT_2$

(c) $5\text{-}HT_3$

(d) $5\text{-}HT_4$

36. Which of the following is a plasma kinin

(a) Kallidin
(b) Serotonin
(c) Histamine
(d) Renin

36. Which of the following is a plasma kinin

(a) Kallidin

(b) Serotonin

(c) Histamine

(d) Renin

- **Plasma kinins are polypeptides split off from a plasma globulin Kininogen by the action of specific enzymes Kallikreins.**
- **The two important plasma kinins, Kallidin (decapeptide) and Bradykinin (nonapeptide) were discovered around 1950 by two independent lines of investigation into the hypotensive activity of urine and certain snake venoms.**

37. The drug which blocks both H_1 and $5HT_2$ receptors is

(a) Phenoxybenzamine
(b) Cyproheptadine
(c) Ritanserin
(d) Ondansetron

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Cyproheptadine

- It primarily blocks 5-HT2A receptors and has additional H1 antihistaminic, anticholinergic and sedative properties
- Like other antihistaminics, it has been used in allergies and is a good antipruritic, but the anti 5-HT action has no role in these conditions.
- It increases appetite and has been used in children and poor eaters to promote weight gain.

38. A $5HT_{1B/1D}$ receptor agonist useful in migraine is

(a) Sumatriptan

(b) Ketanserin

(c) Ergotamine

(d) Methysergide

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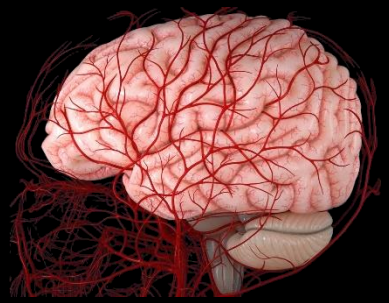
1. $5HT_{1A}$

   Drug : Buspirone stimulate $5HT_{1A}$

   Rx of Anxiety [chronic anxiety]



2. $5HT_{1B/D}$ - Blood vessel of brain

   Stimulant → Vasoconstriction

   Rx of migrane

   Drug : Sumatriptan and Naratriptan

3. $5HT_{2\,A/C}$ - Blood vessel

   Stimulant → BP ↑ { Vasoconstriction }

   Drug : Kitanserin , Ritanserin

39. The following Ergot derivative is used for treatment of acute migraine attack

(a) Paracetamol

(b) Sumatriptan

(c) Ergotamine

(d) Metoclopramide

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DRUGS THERAPY OF MIGRAINE

DRUGS FOR ACUTE MIGRANE

(1) Nonsteroidal anti-inflammatory drugs (NSAIDs) –

- Used alone or in combination
- E.g., Paracetamol, Aspirin, Ibuprofen, Naproxen.

(2) Antiemetic –

- Used to treat nausea, vomiting.
- E.g., Metoclopramide, Domperidone, Promethezine, diphenhydramine.

(3) Ergot Preparation - Dihydroergotamine.

(4) Triptans –

- Selective, 5-$HT_{1B/1D}$ agonist
- E.g., Sumatriptan, Rizatriptan
- Cause Constriction of dilated, cranial blood vessels.
- Acute migrane is treated with sumatriptan and act as $5HT_{1D}$ receptor agonist.

40. Which of the following is used for an acute attack of Migraine

(a) Bromocriptine

(b) Cinnarizine

(c) Sumatriptan

(d) Ondansetron

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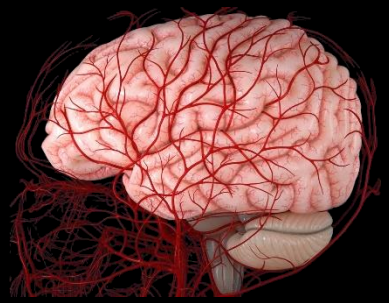

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