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1

Stimulation of the nicotinic receptor causes

(a) Muscle contraction and twitching
(b) Bradycardia
(c) A bladder muscle contraction
(d) Increased secretion of saliva and gastric acid

1

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(b) Bradycardia
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NICOTINIC ACTIONS

- **Autonomic ganglia:** Both sympathetic and parasympathetic ganglia are stimulated.
- **Skeletal muscles:** Iontophoretic application of ACh to muscle endplate causes contraction of the fibre.
- **CNS actions:** ACh injected i.v. does not penetrate blood-brain barrier and no central effects are seen.

2

When Parasympathetic stimulation drugs are used, which of the following action on heart is noted

(a) Bradycardia
(b) Conductivity is enhanced
(c) Tachycardia
(d) Refractory period of atria is shortened

2

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(c) Tachycardia
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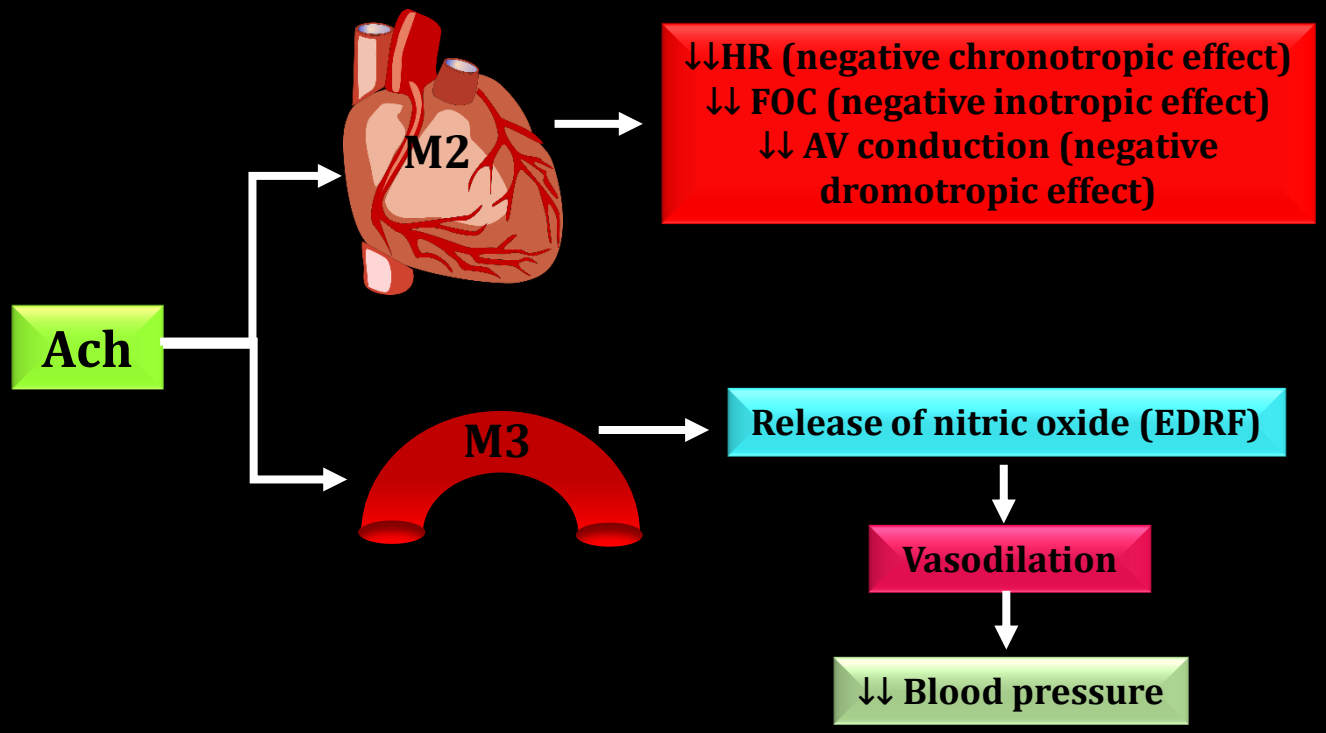
MUSCARINIC ACTIONS

Cardiovascular system



3

The reduction in the release of which of the following neurotransmitters is related to the condition of dementia

(a) Anandamide
(b) Acetylcholine
(c) Norepinephrine
(d) Dopamine

3

The reduction in the release of which of the following neurotransmitters is related to the condition of dementia

(a) Anandamide
(b) Acetylcholine
(c) Norepinephrine
(d) Dopamine

Acetylcholine is another type of neurotransmitter found in the parts of the brain, responsible for memory, thinking, and processing information. When Lewy bodies build up in these areas, they lead to a deficiency in acetylcholine, causing symptoms of dementia.

4 **Which of the following substances is classified as deliriant poison**

(a) Nicotine
(b) Caffeine
(c) Hyoscyamine
(d) Loganin

4 **Which of the following substances is classified as deliriant poison**

(a) Nicotine
(b) Caffeine
(c) Hyoscyamine
(d) Loganin

Deliriants are a class of hallucinogens that are generally anticholinergic. Some examples of deliriants include:

- Hyoscyamine
- Diphenhydramine
- scopolamine

5 **The specific antidote used for atropine poisoning is**

(a) Bemegride
(b) Mercaptide
(c) Protamine
(d) Physostigmine

5

The specific antidote used for atropine poisoning is

(a) Bemegride
(b) Mercaptide
(c) Protamine
(d) Physostigmine

Reversible Anticholinesterases

- Due to high lipid solubility, physostigmine can be administered orally and it can cross blood brain barrier and corneal membrane.
- Lipid insoluble compounds are ineffective orally and do not enter CNS or eye.
- Physostigmine is used in glaucoma as a miotic drug and in belladona (atropine) poisoning as a specific antidote.

6. Which drug is a selective beta-agonist

(a) Digoxin

(b) Dobutamine

(c) Amrinone

(d) Dopamine

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(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

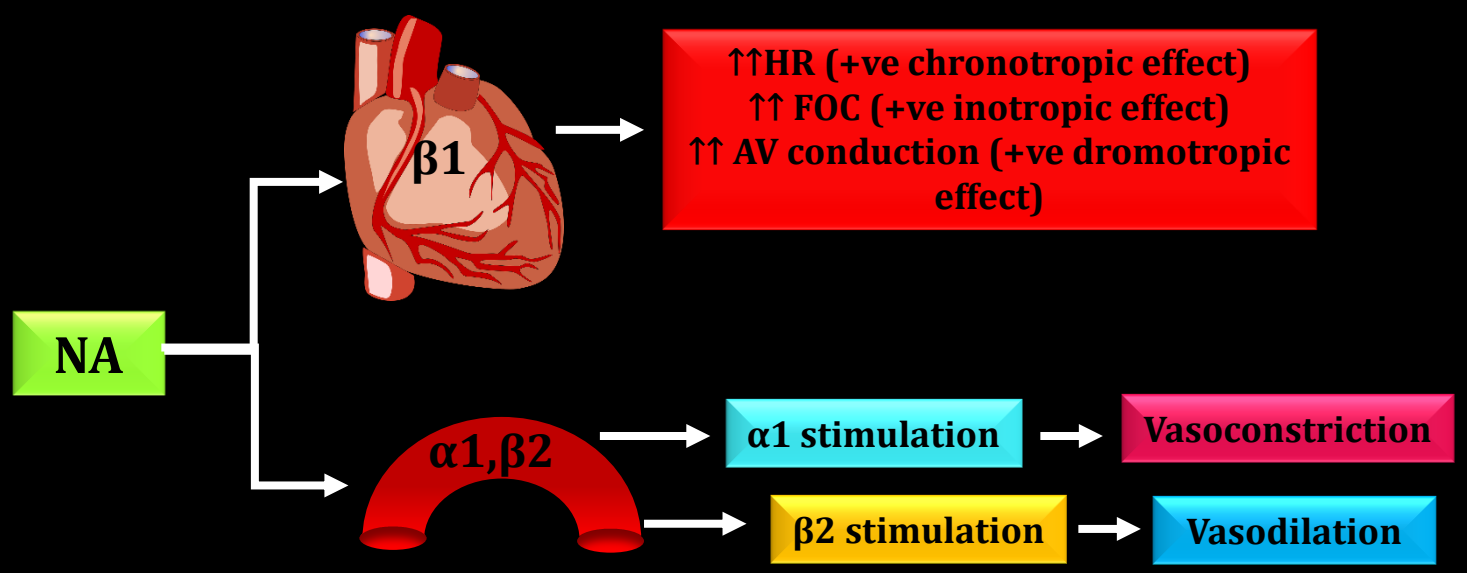
(b) Hypertension

(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

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(a) Alpha methyl dopa

(b) Nitroprusside sodium

(c) Propranolol

(d) Prazosin

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 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

Latanoprost is a prostaglandin analog primarily used to lower intraocular pressure in glaucoma by increasing the uveoscleral outflow of aqueous humor. It can also cause iris hyperpigmentation, but this is due to the accumulation of pigment rather than the multiplication of melanocytes directly. The other options are not accurate regarding Latanoprost's mechanisms or effects.

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

- The H_2 receptor is a G-protein coupled receptor (GPCR) and does not function as a ligand-gated ion channel. In contrast, the nicotinic receptor, 5-HT (serotonin) receptor, and GABA receptor are all examples of ligand-gated ion channels.
- 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+, Ca2+ 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. Salbutamol do all of the given side effect EXCEPT

(a) Hypotension
(b) Palpitation
(c) Muscle tremor
(d) Restlessness

16. Salbutamol do all of the given side effect EXCEPT

(a) Hypotension

(b) Palpitation

(c) Muscle tremor

(d) Restlessness

Salbutamol, a beta-2 adrenergic agonist, is more commonly associated with side effects such as palpitation, muscle tremor, and restlessness. In fact, it typically causes bronchodilation and can lead to increased heart rate and blood pressure, rather than hypotension.

17. Anticholinergic used as bronchodilator is

(a) Pilocarpine

(b) Ipratropium

(c) Prazosin

(d) Salbutamol

17. Anticholinergic used as bronchodilator is

(a) Pilocarpine

(b) Ipratropium

(c) Prazosin

(d) Salbutamol

Ipratropium is an anticholinergic medication that helps open the airways and is commonly used in the treatment of respiratory conditions like asthma and COPD. The other options are not anticholinergics used for bronchodilation.

18. Selective beta-2 bronchodilator used for the treatment of status asthmatics is

(a) Acetylcholine
(b) Isoetharine
(c) Terbutaline
(d) Dirabuterol

18. Selective beta-2 bronchodilator used for the treatment of status asthmatics is

(a) Acetylcholine

(b) Isoetharine

(c) Terbutaline

(d) Dirabuterol

Terbutaline is a selective beta-2 adrenergic agonist that works by stimulating beta-2 receptors in the bronchial smooth muscle, leading to relaxation and dilation of the airways. This helps alleviate bronchospasm associated with asthma or other respiratory conditions.

In the case of status asthmaticus, which is a severe and prolonged asthma attack, terbutaline can be administered to quickly relieve airway constriction and improve breathing. It's often used in situations where immediate bronchodilation is necessary, either via nebulization or subcutaneous injection.

19. Drug which is used in bronchography is

(a) Lopanic acid

(b) Phthalei

(c) Evans blue

(d) Propyliodone

19. Drug which is used in bronchography is

(a) Lopanic acid

(b) Phthalei

(c) Evans blue

(d) Propyliodone

Propyliodone is a radiopaque contrast agent that can be used for bronchographic imaging to visualize the bronchial tree.

20. Which is not used in treatment of ashthma

(a) Budesonide

(b) Isoniazide

(c) Cromolyn sodium

(d) Zafirlukast

20. Which is not used in treatment of ashthma

(a) Budesonide

(b) Isoniazide

(c) Cromolyn sodium

(d) Zafirlukast

Isoniazid is an antibiotic primarily used to treat tuberculosis, not asthma. The other options—budesonide (a corticosteroid), cromolyn sodium (a mast cell stabilizer), and zafirlukast (a leukotriene receptor antagonist)—are all used in the management of asthma.

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21. For which of the following action lowest dose of Aspirin required

(a) Anti platelet aggregation

(b) Anti inflammatory

(c) Analgesic

(d) Antipyretic

21. For which of the following action lowest dose of Aspirin required

(a) Anti platelet aggregation

(b) Anti inflammatory

(c) Analgesic

(d) Antipyretic

At low doses (40-325 mg), aspirin acts as an antiplatelet drug and is useful in the prophylaxis of myocardial infarction and stroke.

It acts by inhibiting cyclooxygenase enzyme and thus decreasing the synthesis of TXA2 (platelet aggregator). However it also inhibits PGI2 (anti-aggregatory) synthesis.

22. Which is NOT an adverse effect seen with non-steroidal anti-inflammatory drugs

(a) Fluid retention
(b) Sedation
(c) Gastric irritation
(d) Rashes

22. Which is NOT an adverse effect seen with non-steroidal anti-inflammatory drugs

(a) Fluid retention

(b) Sedation

(c) Gastric irritation

(d) Rashes

Shared toxicities due to PG synthesis inhibition

- Gastric mucosal damage
- Bleeding - Inhibition of Platelet function.
- Limitation of renal blood flow : Na^+ and water retention.
- Delay/Prolongation of labour.
- Asthma and anaphylactoid reaction in susceptible individuals.
- Hepatic failure

23. For which of the following conditions could Aspirin is used prophylactically

(a) Non cardiogenic pulmonary edema

(b) Peptic ulcers

(c) Thromboembolism

(d) Metabolic acidosis

23. For which of the following conditions could Aspirin is used prophylactically

(a) Non cardiogenic pulmonary edema

(b) Peptic ulcers

(c) Thromboembolism

(d) Metabolic acidosis

Aspirin is often prescribed to reduce the risk of thromboembolic events, such as heart attacks and strokes, due to its antiplatelet effects. The other conditions listed are not indications for aspirin prophylaxis.

Thromboembolism prophylaxis with aspirin is as effective as low-molecular-weight heparin in preventing mortality at 90 days in orthopedic trauma patients with fractures of an extremity, pelvis, or hip.

24. Safest non opioid analgesic for ulcer is

(a) Celecoxib

(b) Diclofenac sodium

(c) Ibuprofen

(d) Paracetamol

24. Safest non opioid analgesic for ulcer is

(a) Celecoxib

(b) Diclofenac sodium

(c) Ibuprofen

(d) Paracetamol

PARA AMINOPHENOL DERIVATIVES

Paracetamol

- Paracetamol is one of the safest NSAIDs.
- It does not posses anti-inflammatory activity.
- Paracetamol is effective by oral or parenteral routes.
- Metabolized in liver by sulphate and glucuronic conjugation.
- Hepatotoxic

25. Aspirin should be used with caution in

(a) Asthma
(b) Headache
(c) Tachycardia
(d) Fever

25. Aspirin should be used with caution in

(a) Asthma

(b) Headache

(c) Tachycardia

(d) Fever

Aspirin can potentially trigger asthma exacerbations in some individuals, especially those with aspirin-sensitive asthma.

Aspirin inhibits cox enzyme and results in the diversion of AA pathway towards LT (Leukotrienes) synthesis.

As LTs are powerful bronchoconstrictor agents, these may result in the shortness of breath in patients who are susceptible.

Aspirin acetylated cox starts producing lipoxins (known as aspirin triggered lipoxins) that also have bronchoconstrictor properties.

26. Commonest side effect of 1 generation antihistaminic is

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

26. Commonest side effect of 1 generation 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”.

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. 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

34. Beta blockers are used in treatment of

(a) Hypertension

(b) Diabetes mellitus

(c) Myxedema

(d) Hypercholesterolemia

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

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(d) Hypertension

Uses of Propranolol

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- Congestive heart failure
- Dissecting aortic aneurysm
- Pheochromocytoma
- Thyrotoxicosis
- Migraine
- Anxiety
- Essential tremor
- Glaucoma
- Hypertrophic obstructive cardiomyopathy

36 **Which of the following is a musculoskeletal disorder**

(a) Myasthenia gravis
(b) Gout
(c) Guillain-Barre syndrome
(d) Anaphylaxis

36

Which of the following is a musculoskeletal disorder

(a) Myasthenia gravis
(b) Gout
(c) Guillain-Barre syndrome
(d) Anaphylaxis

Gout is a musculoskeletal disorder caused by the deposition of uric acid crystals in the joints, leading to inflammation and pain.

The other options are not classified as musculoskeletal disorders.

Myasthenia gravis is a neuromuscular disorder, Guillain-Barre syndrome is a neurological disorder, and anaphylaxis is an acute allergic reaction.

37

Drug used in the diagnosis of Myasthenia gravis

(a) Edrophonium
(b) Physostigmine
(c) Pyridostigmine
(d) None of these

37

Drug used in the diagnosis of Myasthenia gravis

(a) Edrophonium
(b) Physostigmine
(c) Pyridostigmine
(d) None of these

MYASTHENIA GRAVIS

Disorder	Abnormality	Treatment	Diagnosis test
Autoimmune disorder	development of antibodies directed to the nicotinic receptors (NR) at the muscle endplate → reduction in number of free NM cholinoceptors	Neostigmine 15 mg orally 6 hourly	Ameliorative test: edrophonium is used. Provocative test: d-tubocurarine is used

Edrophonium is a short-acting acetylcholinesterase inhibitor that can temporarily improve muscle strength in patients with Myasthenia gravis, helping to confirm the diagnosis during a test known as the edrophonium test (Tensilon test).

38 **Sympathetic neurotransmitter is**

(a) Acetylcholine
(b) Noradrenaline
(c) Glutamine
(d) Glycine

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ADRENERGIC TRANSMISSION

- In this part of ANS, Nor-adrenaline is the neurotransmitter at most of the sites.
- There are three closely related endogenous catecholamines (CAs).
  - **Noradrenaline (NA) -** It acts as transmitter at postganglionic sympathetic sites (except sweat glands, hair follicles and some vasodilator fibres) and in certain areas of brain.
  - **Adrenaline (Adr) -** It is secreted by adrenal medulla and may have a transmitter role in the brain.
  - **Dopamine (DA) -** It is a major transmitter in basal ganglia, limbic system, CTZ, anterior pituitary, etc. and in a limited manner in the periphery.

39

Anticholinesterase with central action

(a) Neostigmine
(b) Physostigmine
(c) Donepezil
(d) Edrophonium

39

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Physostigmine

- It is rapidly absorbed from g.i.t. and parenteral sites.
- Applied to the eye, it penetrates cornea freely.
- It crosses blood-brain barrier and is disposed after hydrolysis by ChE.

40 **Which of the following drug is a non-catecholamine**

(a) Terbutaline
(b) Phenylephrine
(c) Ephedrine
(d) All of these

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(a) Terbutaline
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ADRENERGIC DRUGS (SYMPATHOMINETICS)

Directly acting

Catecholamines

1. Endogenous

- Dopamine
- Adrenaline
- Nor-adrenaline

2. Exogenous

- Dobutamine
- Dopexamine
- Fenoldopam
- Isoprenaline

Non-catecholamines

- Xylometazoline
- Clonidine
- Phenylephrine
- Salbutamol
- Methoxamine

Indirectly acting

Reuptake inhibitors

- Cocaine
- TCA

Action by displacement

- Amphetamines
- Methylphenidate
- Modafinil

Mixed action

- Ephedrine
- Pseudoephidrine
- Mephenteramine

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41. Aspirin is useful as

(a) Analgesic

(b) Antipyretic and analgesic

(c) Analgesic, antipyretic and anti-inflammatory drug

(d) Analgesic, antipyretic, anti-inflammatory and platelet aggregation inhibitor

41. Aspirin is useful as

(a) Analgesic

(b) Antipyretic and analgesic

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(d) Analgesic, antipyretic, anti-inflammatory and platelet aggregation inhibitor

Aspirin is the only irreversible inhibitor of COX enzyme (other salicylates are reversible inhibitors). Apart from antipyretic, analgesic and anti inflammatory effects, aspirin has several other indications.

42. NSAID is

(a) Dicloran

(b) Diazepam

(c) Chloroquine

(d) Morphine

42. NSAID is

(a) Dicloran

(b) Diazepam

(c) Chloroquine

(d) Morphine

Dicloran A Tablet is a pain-relieving medicine.
It is used to reduce pain and inflammation in conditions like rheumatoid arthritis, ankylosing spondylitis, and osteoarthritis.
It may also be used

43. Common side effect of Non-Steroidal Anti-Inflammatory (NSAIDs) drug is

(a) Sedation

(b) Kidney damage

(c) Headache

(d) Ulceration

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(a) Sedation

(b) Kidney damage

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(d) Ulceration

Inhibition of COX-1 mediated synthesis of gastroprotective PGs (PGE2, PGI2) is clearly involved, though local action inducing back diffusion of H+ ions in gastric mucosa also plays a role.

Deficiency of PGs reduces mucus and $HCO3^-$ secretion, tends to enhance acid secretion and may promote mucosal ischaemia. Thus, NSAIDs enhance aggressive factors and contain defensive factors in gastric mucosa—are ulcerogenic.

44. The drug whose side effect has been exploited in the prophylactic treatment of thromboembolic disorders is

(a) Indomethacin
(b) Rofecoxib
(c) Aspirin
(d) Nimesulide

44. The drug whose side effect has been exploited in the prophylactic treatment of thromboembolic disorders is

(a) Indomethacin

(b) Rofecoxib

(c) Aspirin

(d) Nimesulide

Thromboembolism prophylaxis with aspirin is as effective as low-molecular-weight heparin in preventing mortality at 90 days in orthopedic trauma patients with fractures of an extremity, pelvis, or hip.

45. Aspirin causes

(a) Decreased bleeding time

(b) Increased factor X

(c) Inhibition of platelet homeostasis

(d) Increased prothrombin synthesis

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(a) Decreased bleeding time

(b) Increased factor X

(c) Inhibition of platelet homeostasis

(d) Increased prothrombin synthesis

Aspirin irreversibly inhibits cyclooxygenase (COX) enzymes, which reduces the production of thromboxane A2, a potent promoter of platelet aggregation. This results in inhibition of platelet function and prolonged bleeding time. The other options do not accurately describe the effects of aspirin.

ASPIRIN

A	Asthma
S	Salicylism
P	Peptic ulcer
I	Ion uncoupling / platelet disaggeration
R	Reye's syndrome
I	Idiosyncracy
N	Noise (tinnitus)

46. Antitussives are opioids that

(a) Help patients with chronic bronchitis

(b) Cause sputum retention

(c) Produce soothing effect

(d) Depress the cough center

46. Antitussives are opioids that

(a) Help patients with chronic bronchitis

(b) Cause sputum retention

(c) Produce soothing effect

(d) Depress the cough center

Opioid antitussives, such as codeine, work by depressing the cough center in the brain, thereby reducing the urge to cough. While they can be helpful in managing cough, they may also lead to sputum retention as a side effect, but that is not their primary function.

47. A mother requests a preparation for her 5-year-old child for a chesty cough. Which of the following product is the most appropriate

(a) Benylin with codeine syrup

(b) Alupent syrup

(c) Actifed chesty cough syrup

(d) Vicks Medinite syrup

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(c) Actifed chesty cough syrup

(d) Vicks Medinite syrup

Benylin with codeine syrup is an antitussive medication that combines a cough suppressant (codeine) with other ingredients to relieve cough. However, it is important to note the following considerations, especially when it comes to its use in children.

48. Opioid derivative used in cough syrup

(a) Pentazocine
(b) Diphenoxylate
(c) Noscapine
(d) Buprenorphine

48. Opioid derivative used in cough syrup

(a) Pentazocine

(b) Diphenoxylate

(c) Noscapine

(d) Buprenorphine

Noscapine is a non-narcotic opioid used primarily as an antitussive (cough suppressant). The other options are not typically used for this purpose:

Pentazocine is primarily a pain reliever.

Diphenoxylate is used primarily as an antidiarrheal.

Buprenorphine is used mainly for pain management and opioid addiction treatment.

49. Which of the following agent is used as an inhalation drug in asthma

(a) Atropine
(b) Ipratropium
(c) Lobeline
(d) Homatropine

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(a) Atropine

(b) Ipratropium

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(d) Homatropine

Ipratropium is an anticholinergic medication that is commonly used in the management of asthma and COPD as a bronchodilator.

Atropine is an anticholinergic but is not used for inhalation in asthma.

Lobeline is primarily used in smoking cessation.

Homatropine is mainly used as an ophthalmic agent

50. Acute asthma is NOT treated with

(a) Salbutamol

(b) Ipratropium bromide

(c) Theophylline

(d)Hydrocortisone

50. Acute asthma is NOT treated with

(a) Salbutamol

(b) Ipratropium bromide

(c) Theophylline

(d)Hydrocortisone

Theophylline can be used in the management of asthma, it is not a first-line treatment for acute asthma attacks. Inhaled beta-2 agonists (like salbutamol) and anticholinergics (like ipratropium bromide) are commonly used for quick relief during acute episodes. Hydrocortisone, a corticosteroid, may also be used in severe cases for its anti-inflammatory effects.

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