

GPAT

2027-28



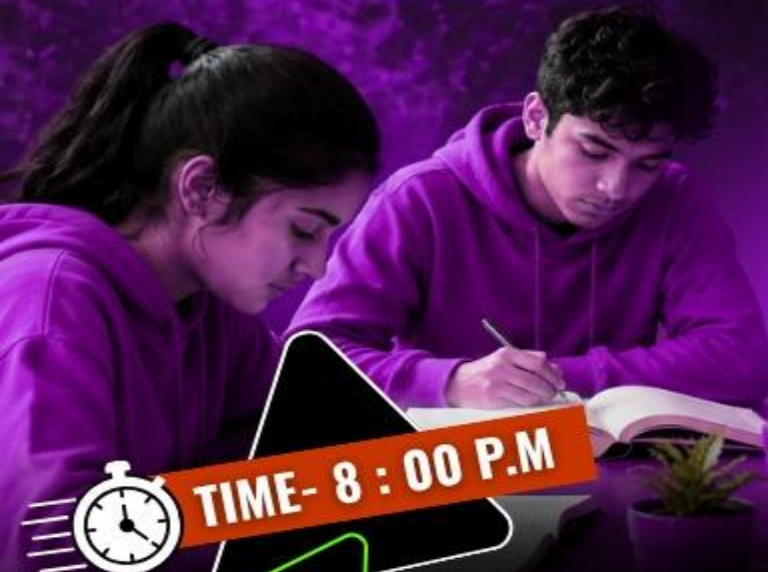
PHARMACOLOGY

CLASS- 18

ADVERSE DRUG EFFECTS

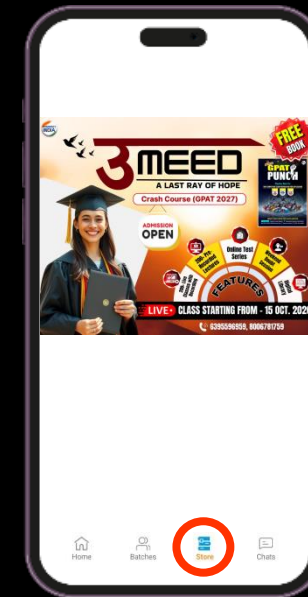
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GPAT



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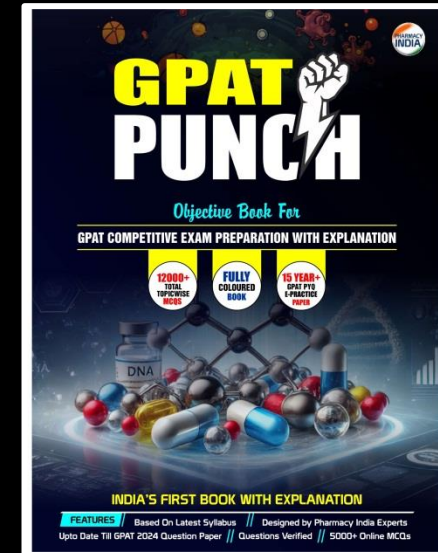




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01. Monitoring of plasma drug concentration is required while using: [GPAT-2024]

- (a) Antihypertensive drugs
- (b) Levodopa
- (c) Lithium carbonate
- (d) MAO inhibitors



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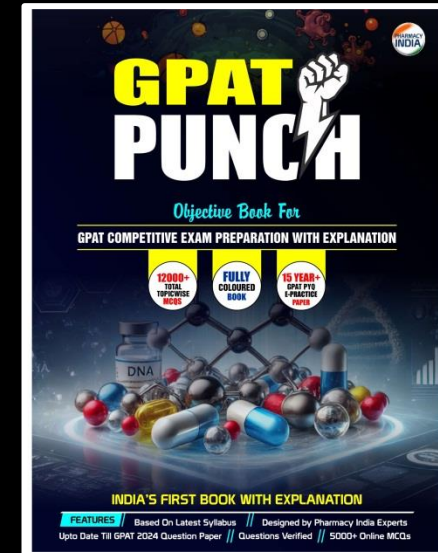
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Explanation:

Lithium has a narrow therapeutic index, so its therapeutic and toxic plasma concentrations are relatively close. Therapeutic drug monitoring helps maintain an effective concentration while preventing toxicity. Excess lithium may cause tremor, confusion, ataxia, gastrointestinal disturbances and serious neurological effects. Renal function, fluid balance and sodium status can markedly influence lithium concentration.



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02.

Match the cells of the immune system with their appropriate functions:

[GPAT-2023 SHIFT-I]

1. Mast cell

—

P. Master of immune system

2. Lymphocytes

—

Q. Allergic reactions

3. T-cells

—

R. Cell-mediated immune reaction

4. Monocytes-Macrophages

—

S. Antigen recognition and

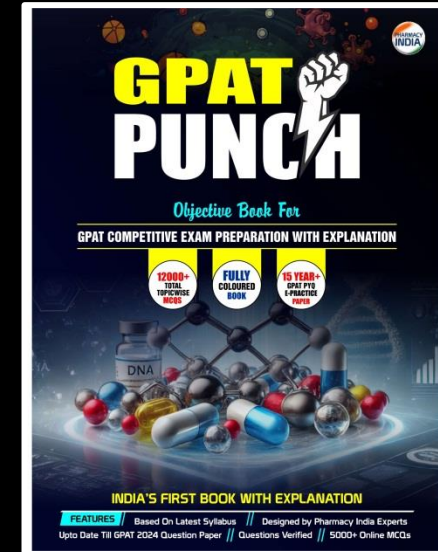
phagocytosis

(a) 1-P, 2-Q, 3-R, 4-S

(b) 1-Q, 2-P, 3-R, 4-S

(c) 1-R, 2-P, 3-Q, 4-S

(d) 1-P, 2-R, 3-Q, 4-S



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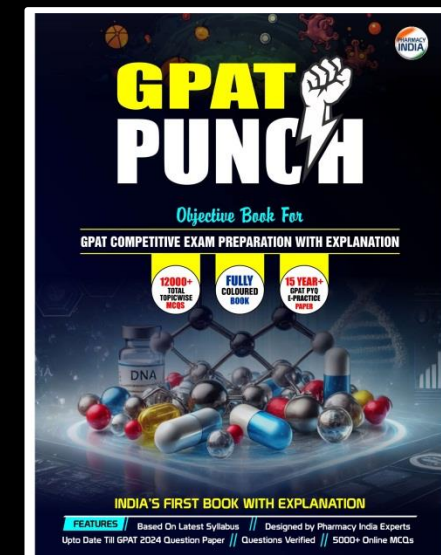
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(a) 1-P, 2-Q, 3-R, 4-S

(b) 1-Q, 2-P, 3-R, 4-S

(c) 1-R, 2-P, 3-Q, 4-S

(d) 1-P, 2-R, 3-Q, 4-S



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Explanation:

Mast cells participate prominently in immediate allergic reactions by releasing histamine and other mediators. Lymphocytes coordinate major components of adaptive immunity and are central cells of the immune system. T lymphocytes are primarily responsible for cell-mediated immune responses. Monocytes differentiate into macrophages and perform phagocytosis and antigen presentation.



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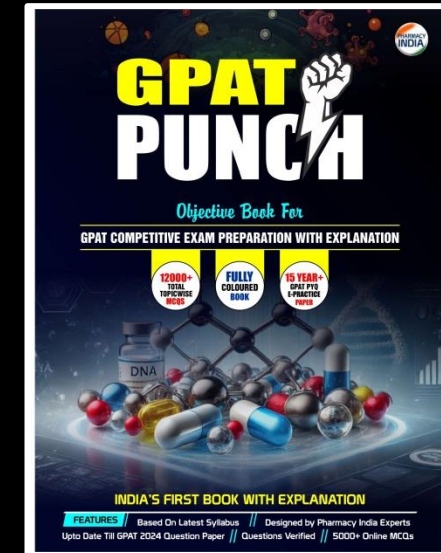


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03.

Phocomelia is caused by: [GPAT-2023 SHIFT-I]

- (a) Glibenclamide
- (b) Indapamide
- (c) Xipamide
- (d) Thalidomide



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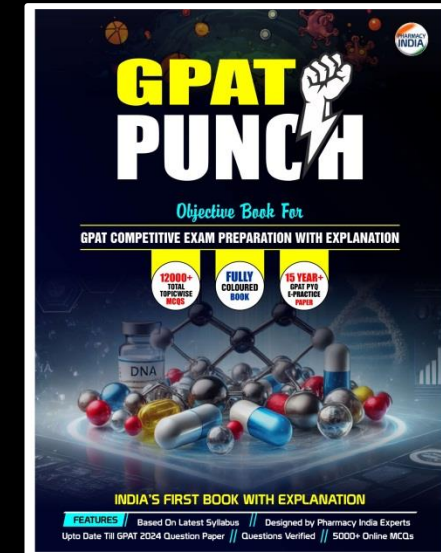


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Explanation:

Thalidomide is a classic teratogenic drug associated with severe fetal limb abnormalities. Exposure during the critical period of organogenesis can produce phocomelia, in which the limbs are markedly shortened or absent. Its use in pregnant women historically resulted in thousands of affected infants. The teratogenic risk depends greatly on the timing of fetal exposure.



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04.

Which statements regarding adverse drug reactions are TRUE? [GPAT-2022]

[A] Any response to a drug which is noxious and unintended

[B] Occurs at doses normally used in humans for prophylaxis, diagnosis or therapy

[C] Adverse drug event is the same as adverse drug reaction

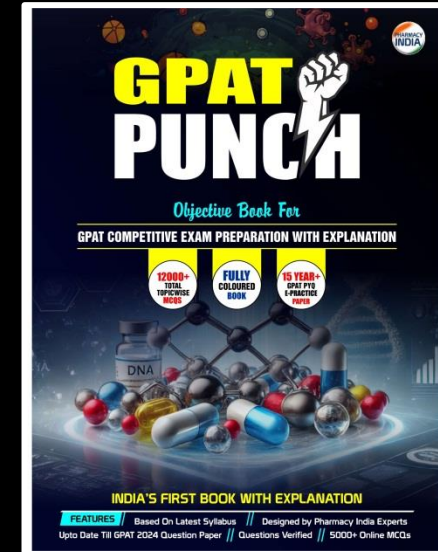
[D] Occurs at normal dose or overdose used for prophylaxis, diagnosis or therapy

(a) A and B are true while C and D are false

(b) A and C are true while B and D are false

(c) B, C and D are false; only A is true

(d) A, B and C are false; only D is true



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Which statements regarding adverse drug reactions are TRUE? [GPAT-2022]

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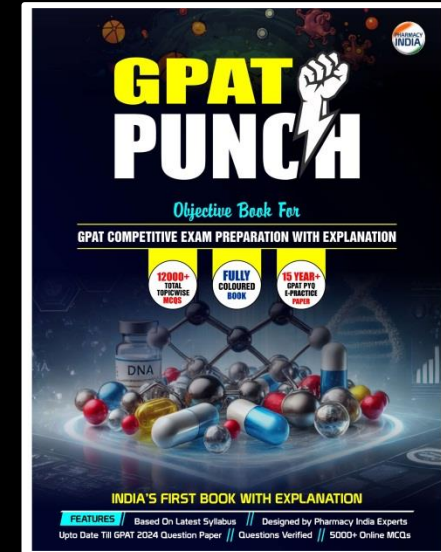
[D] Occurs at normal dose or overdose used for prophylaxis, diagnosis or therapy

(a) A and B are true while C and D are false

(b) A and C are true while B and D are false

(c) B, C and D are false; only A is true

(d) A, B and C are false; only D is true



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Explanation:

An ADR is a harmful and unintended response occurring at doses normally used in humans. It includes reactions occurring during prophylaxis, diagnosis or treatment under normal therapeutic use. An adverse drug event is broader and does not necessarily imply a causal relationship with the drug. Overdose reactions are not included in the classical definition of an ADR.



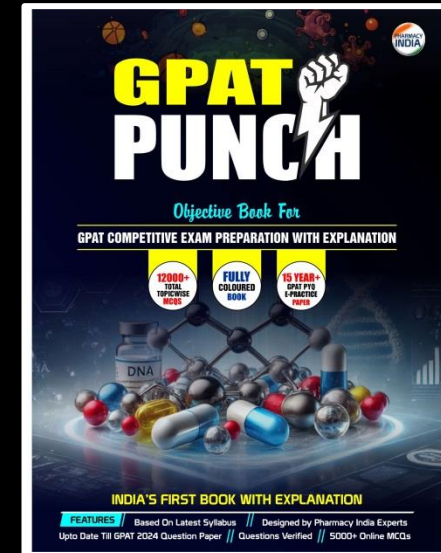
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05. The management of a Type-B adverse drug reaction is: [GPAT-2018]

- (a) To reduce the dose
- (b) To withhold the drug and avoid it in future
- (c) To increase the dose
- (d) To reintroduce and withdraw slowly



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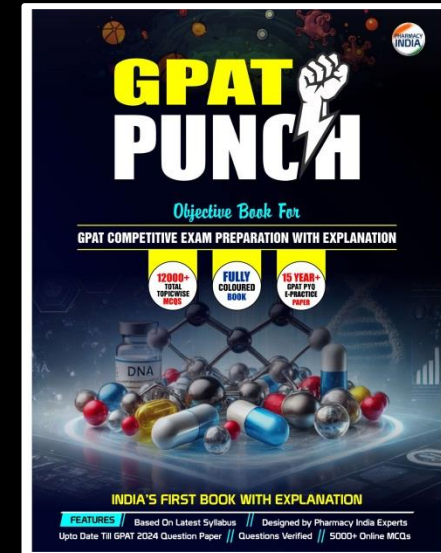
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Explanation:

Type-B adverse reactions are bizarre, unpredictable and generally unrelated to the usual pharmacological action of a drug. They include allergic and idiosyncratic reactions. Dose reduction alone may not prevent recurrence because these reactions are not predictably dose-dependent. The suspected medicine is generally withdrawn when a significant Type-B reaction occurs. Future exposure should usually be avoided when rechallenge could produce a serious reaction.



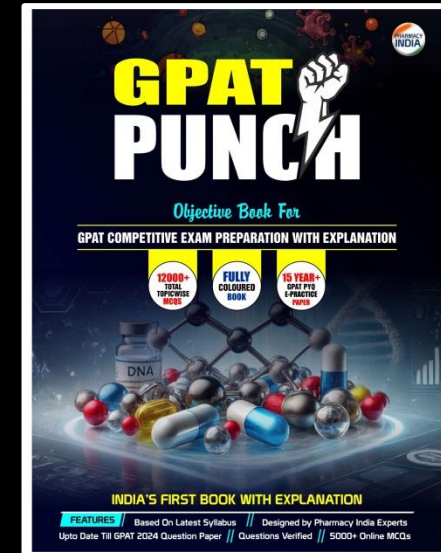
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06. **Loss of therapeutic efficacy after prolonged or intensive use of a drug is termed: [GPAT-2016]**

- (a) Refractoriness
- (b) Resistance
- (c) Tachyphylaxis
- (d) Idiosyncrasy



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06.

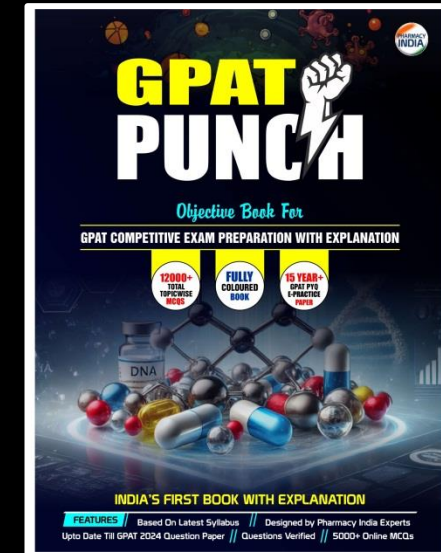
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(a) Refractoriness

(b) Resistance

(c) Tachyphylaxis

(d) Idiosyncrasy



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Explanation:

Refractoriness refers to a state in which the expected therapeutic response to a drug becomes markedly reduced or absent. It may develop after prolonged or intensive therapeutic use in certain situations. Resistance is more commonly used for microorganisms, malignant cells or other targets becoming unresponsive. Tachyphylaxis describes rapidly developing loss of response after closely repeated doses.



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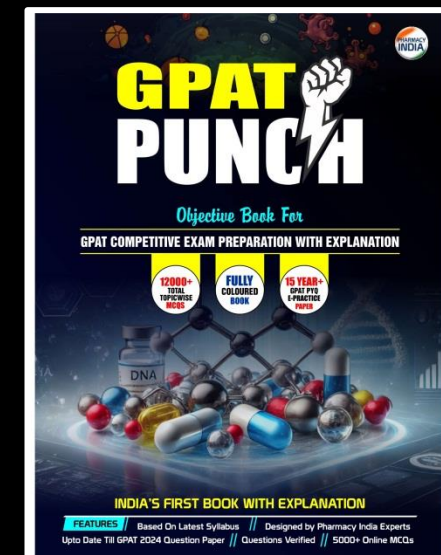


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07.

A direct way of studying idiosyncratic reactions to a drug is by: [GATE-2004]

- (a) Changing the route of drug administration
- (b) Changing the assay method
- (c) Pharmacogenomics
- (d) Structure-activity relationship studies



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07.

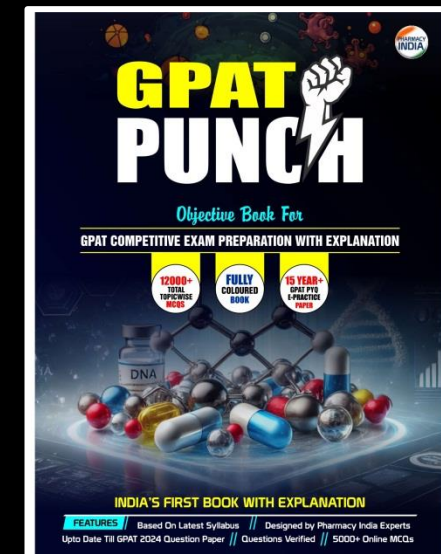
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(a) Changing the route of drug administration

(b) Changing the assay method

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(d) Structure-activity relationship studies



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Explanation:

Idiosyncratic reactions are unusual responses that frequently have a genetic basis. Pharmacogenomics studies how genetic variation influences individual responses to medicines. Variations in drug-metabolizing enzymes, receptors and transporters can produce unexpected drug effects. Studying such genetic differences can help identify individuals susceptible to abnormal reactions.



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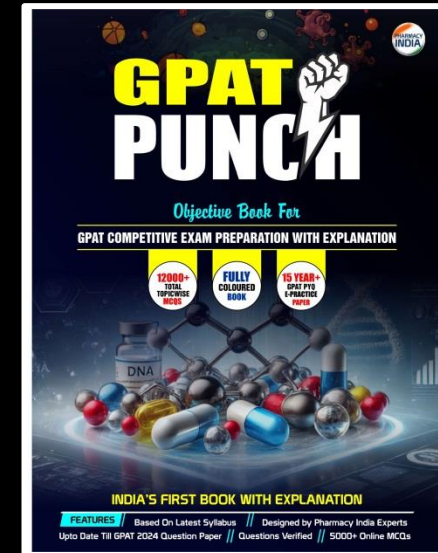


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08.

Which type of adverse drug reaction is NOT considered dose-related? [GATE-1995]

- (a) Side effects and toxic reactions
- (b) Toxic reactions and hypersensitivity
- (c) Side effects and hypersensitivity
- (d) Hypersensitivity and idiosyncrasy



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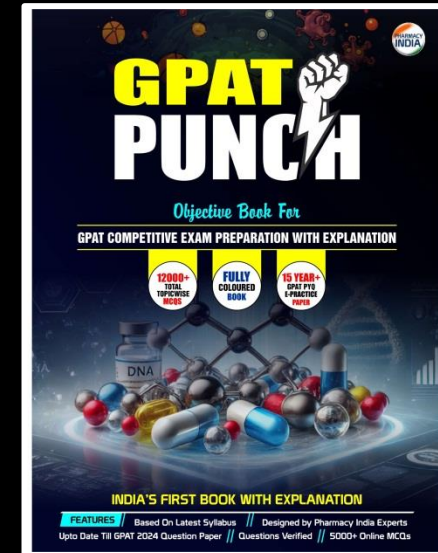


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- (b) Toxic reactions and hypersensitivity
- (c) Side effects and hypersensitivity
- (d) Hypersensitivity and idiosyncrasy



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Explanation:

Side effects and toxic effects are generally related to the known pharmacological actions of a drug and often increase with dose. Hypersensitivity reactions are immunologically mediated and can occur even with very small quantities of a drug. Idiosyncratic reactions are unusual, often genetically determined responses that are not predictably dose-related. These reactions are typically classified among unpredictable Type-B reactions.



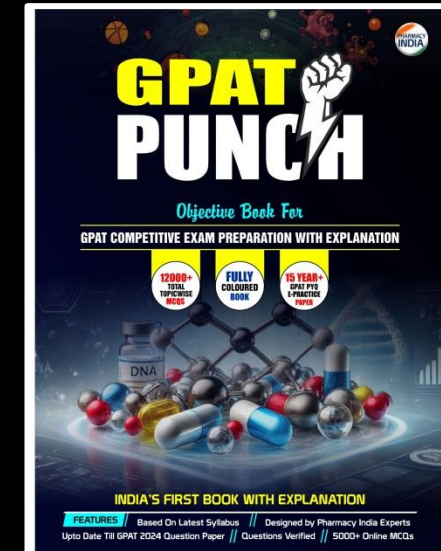
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09. Arthus reaction is which type of allergic reaction?

- (a) Humoral – Type I
- (b) Humoral – Type II
- (c) Humoral – Type III
- (d) Cell-mediated – Type IV



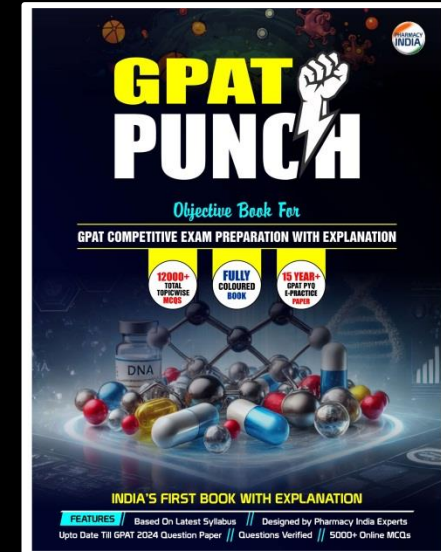
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- (a) Humoral – Type I
- (b) Humoral – Type II
- (c) Humoral – Type III
- (d) Cell-mediated – Type IV



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Explanation:

The Arthus reaction is a localized immune-complex-mediated hypersensitivity reaction. Antigen combines with IgG antibodies and forms immune complexes in tissues. Complement activation and neutrophil recruitment subsequently cause local inflammation and tissue injury. Immune-complex-mediated reactions are classified as Type III hypersensitivity.



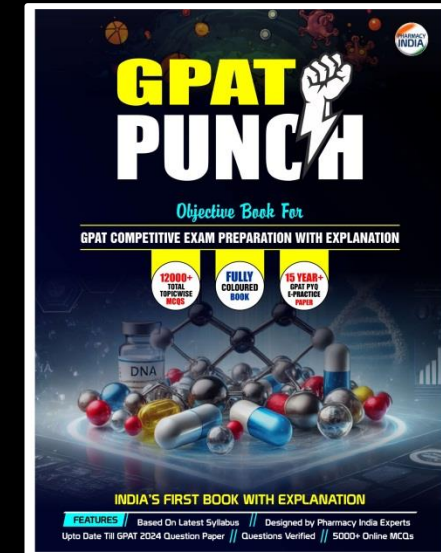
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10. Which of the following is a Type-B adverse drug reaction?

- (a) Side effect
- (b) Idiosyncrasy
- (c) Toxic effect
- (d) Dependence



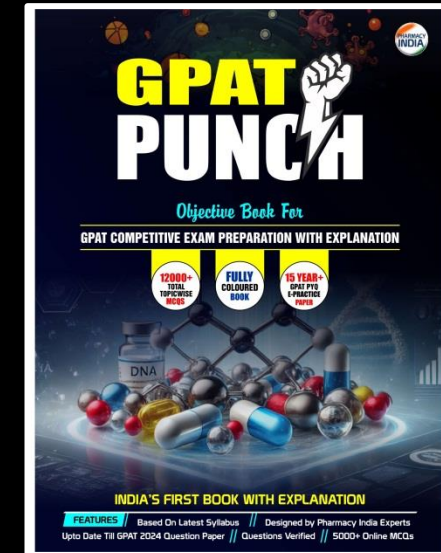
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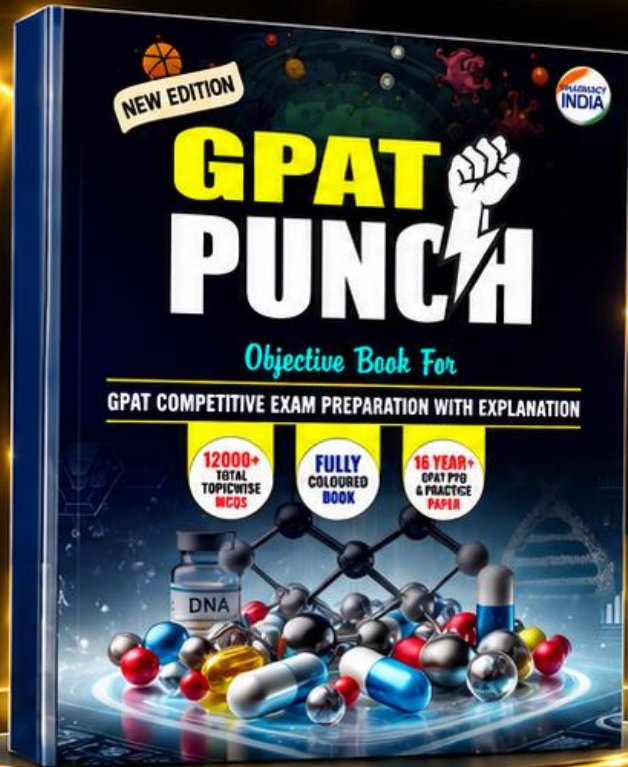
Explanation:

Type-B reactions are bizarre and unpredictable responses that are not extensions of the normal pharmacological action of a medicine. Idiosyncratic reactions are unusual individual responses and frequently have a genetic basis. They generally occur independently of the ordinary dose-response relationship. Side effects and toxic effects are more commonly associated with predictable Type-A reactions.

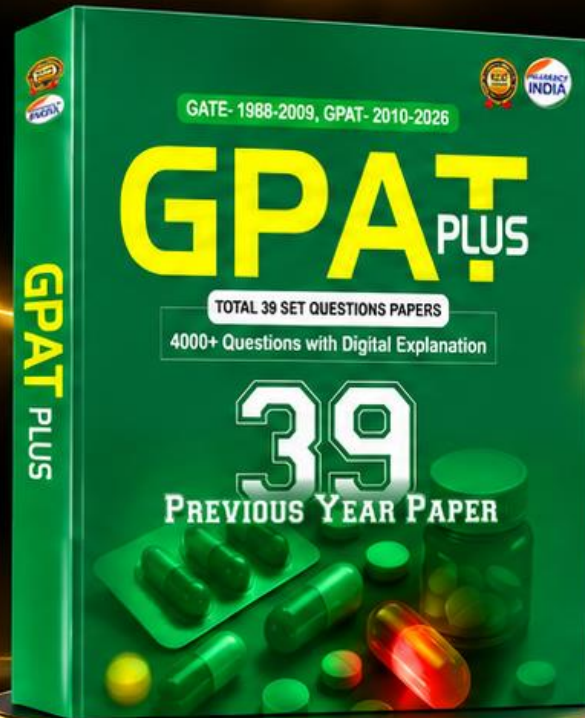


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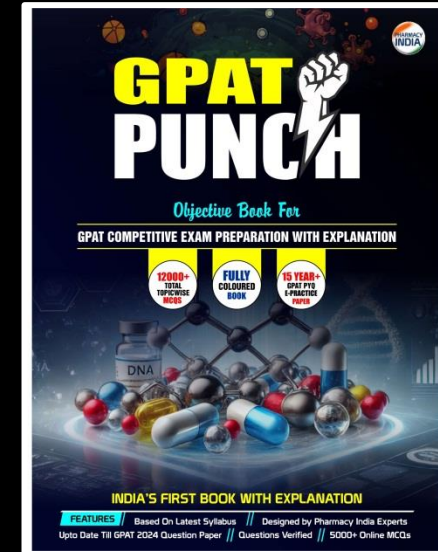


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11.

All of the following are generally associated with Type-A adverse drug reactions EXCEPT:

- (a) Nephrotoxicity
- (b) Phototoxicity
- (c) Allergic reaction
- (d) Hepatotoxicity



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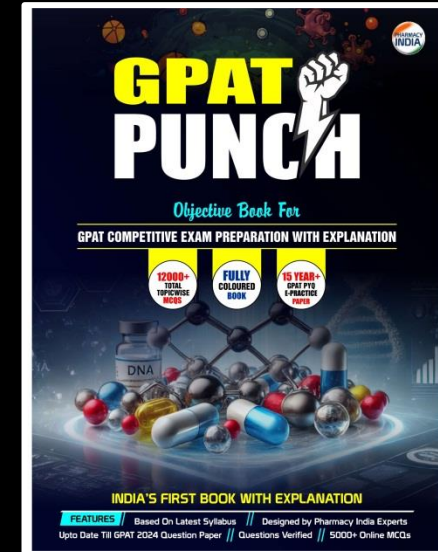


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- (b) Phototoxicity
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Explanation:

Type-A reactions are predictable from the known pharmacological or toxicological properties of a drug. Their frequency and severity are usually related to dose or drug exposure. Organ toxicities such as nephrotoxicity and hepatotoxicity can occur through predictable toxic effects in many circumstances. Allergic reactions are immunologically mediated and are generally classified as unpredictable Type-B reactions.



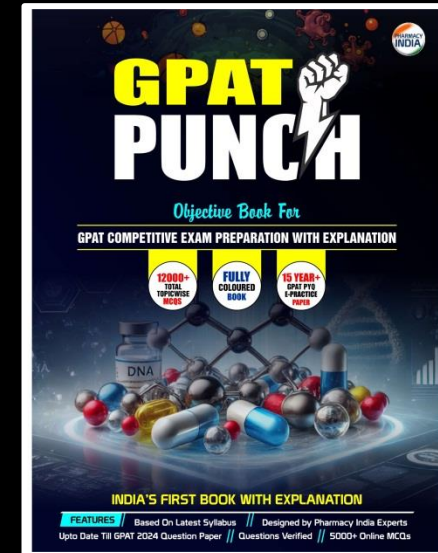
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12. Unwanted and unavoidable pharmacodynamic effects occurring at therapeutic doses are called:

- (a) Secondary effects
- (b) Side effects
- (c) Idiosyncrasy
- (d) Intolerance



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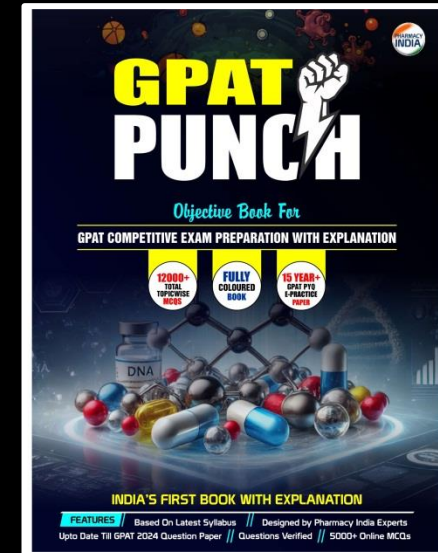
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Explanation:

A side effect is an unintended effect produced at ordinary therapeutic doses. It is usually related to the known pharmacological properties of the medicine. Such effects are often predictable from the drug's mechanism of action. They may be mild or clinically significant depending on the medicine and patient.



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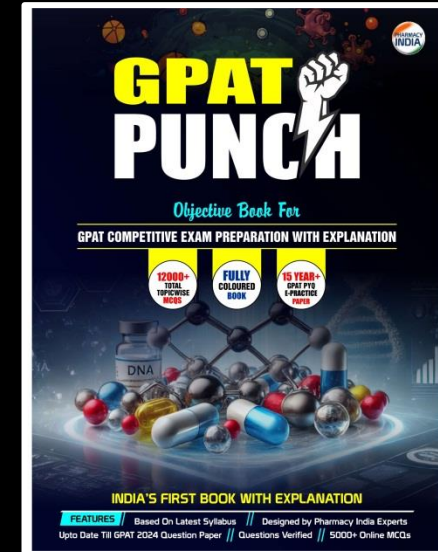


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13.

Atropine causing dryness of the mouth is an example of:

- (a) Side effect
- (b) Secondary effect
- (c) Intolerance
- (d) Toxic effect



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13.

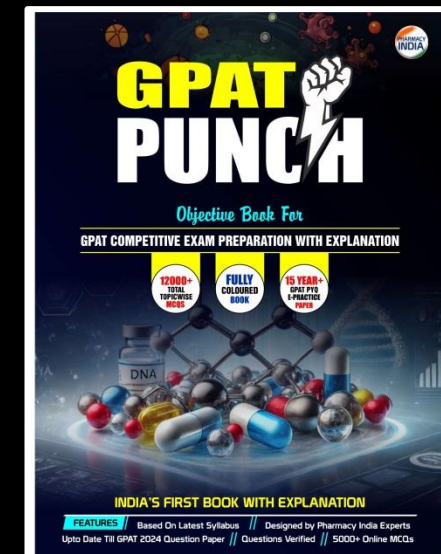
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Explanation:

Atropine blocks muscarinic acetylcholine receptors in several organs. Blockade of muscarinic receptors in salivary glands decreases salivary secretion. Dry mouth therefore follows directly from the known antimuscarinic pharmacological action of atropine. It may occur even when atropine is administered at therapeutic doses.



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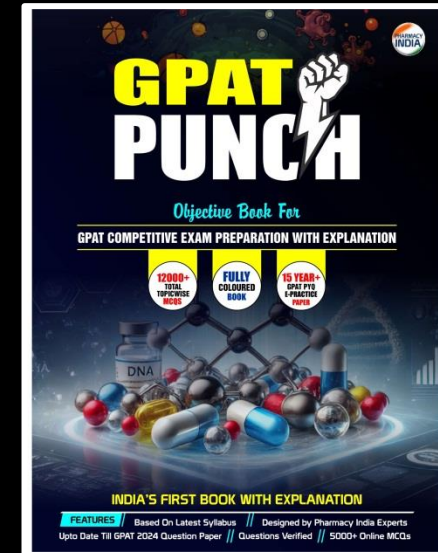


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14.

A toxic effect is best described as:

- (a) Excessive pharmacological action due to overdose of a drug
- (b) Indirect consequence of the primary action of a drug
- (c) Genetically determined abnormal reaction to a drug
- (d) Immunological reaction to a drug



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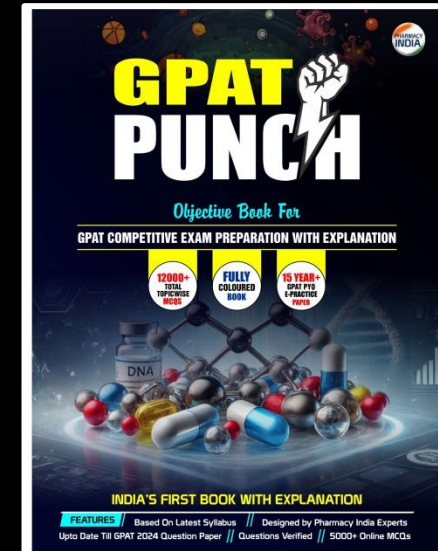


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Explanation:

Toxic effects commonly result when drug concentration becomes excessive because of overdose, accumulation or impaired elimination. They often represent an exaggerated form of the drug's known pharmacological actions. Their severity generally increases as systemic drug exposure rises. Genetically abnormal responses represent idiosyncrasy, while immunological responses represent allergy.



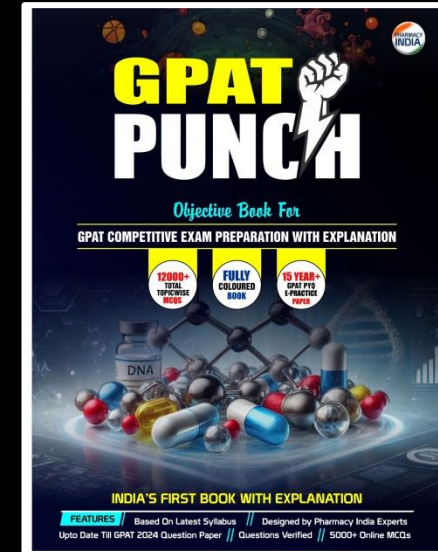
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15. Emetics have traditionally been considered for which of the following poisonings, when not otherwise contraindicated?

- (a) Corrosive poisoning
- (b) Kerosene poisoning
- (c) CNS stimulant poisoning
- (d) Organophosphorus compound poisoning



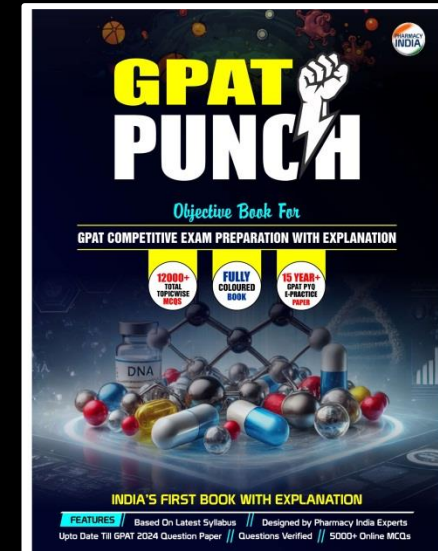
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Explanation:

Induced vomiting is contraindicated after corrosive ingestion because repeated exposure can worsen tissue injury. It is also avoided after kerosene ingestion because of the serious risk of aspiration pneumonia. CNS stimulant poisoning may predispose to convulsions, making emesis unsafe. In older poisoning-management classifications, organophosphorus ingestion was the option in which gastric decontamination could be considered under appropriate circumstances. Modern poisoning management generally does not recommend routine induction of vomiting.



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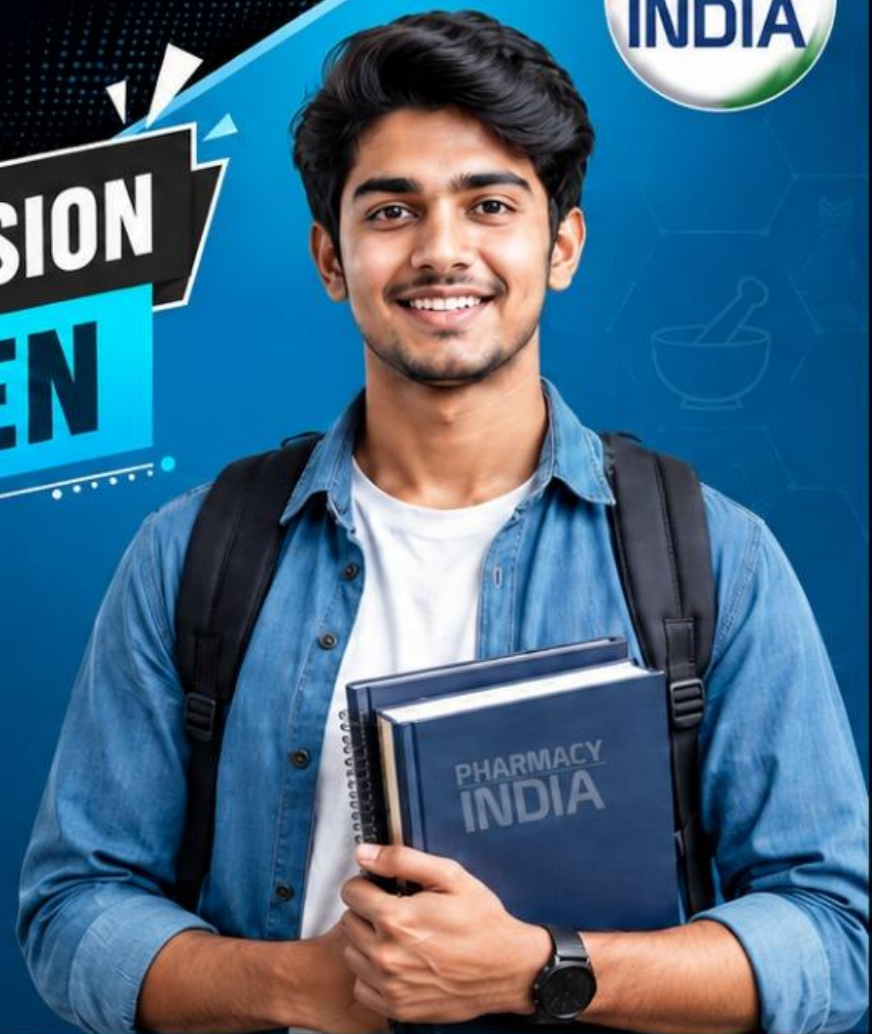
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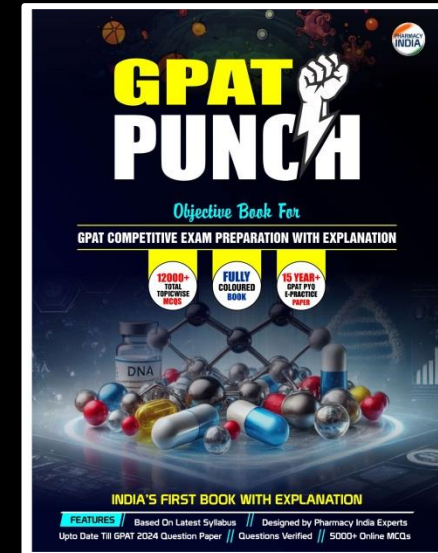


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16.

Drug-induced disease is known as:

- (a) Iatrogenic disease
- (b) Intolerance
- (c) Idiosyncrasy
- (d) Allergy



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16.

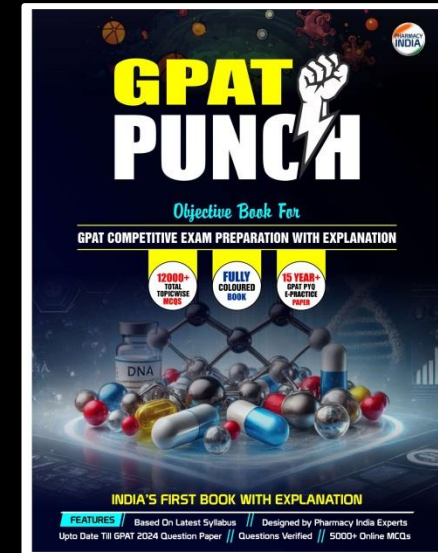
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Explanation:

An iatrogenic disorder is an illness or complication resulting from medical treatment or intervention. Drug therapy can produce diseases or syndromes as unintended consequences of treatment. Examples include drug-induced endocrine, metabolic or organ-specific disorders. Idiosyncrasy and allergy are specific categories of abnormal drug reactions rather than the general term for treatment-induced disease.

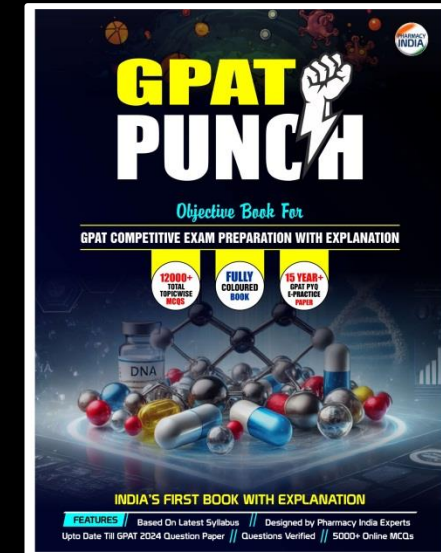


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- 17. Idiosyncrasy refers to:**
- (a) Qualitatively abnormal drug response
 - (b) Quantitatively abnormal response at therapeutic doses
 - (c) Abnormal response only at large doses
 - (d) Fatal reaction only at large doses

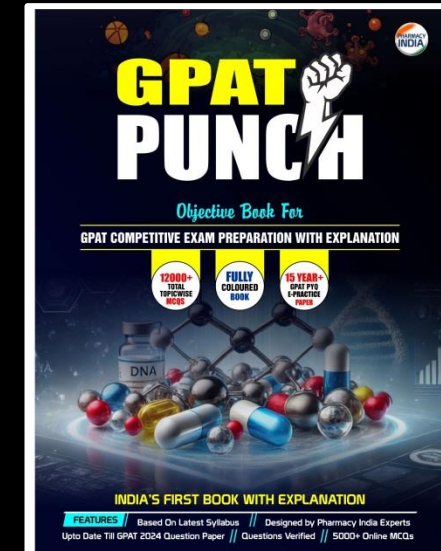


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Explanation:

Idiosyncrasy is an unusual and qualitatively different response to a medicine. It often results from genetic variation affecting drug metabolism or pharmacodynamic response. The reaction cannot usually be predicted from the drug's ordinary pharmacological actions. It may occur even after a conventional therapeutic dose.



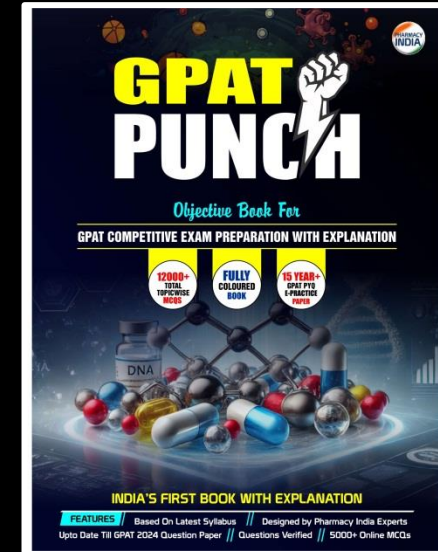
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18. Antihistamines are particularly beneficial in which allergic reaction?

- (a) Polyarteritis nodosa
- (b) Serum sickness
- (c) Urticaria
- (d) Stevens-Johnson syndrome



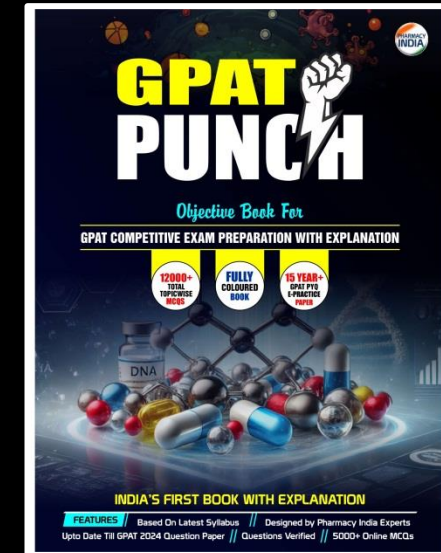
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Explanation:

Histamine released from mast cells plays a major role in the development of urticaria. Activation of H1 receptors causes itching, erythema and increased vascular permeability. H1 antihistamines block these effects and are therefore commonly used for symptomatic treatment. Severe immune-complex or serious mucocutaneous disorders require other therapeutic approaches.



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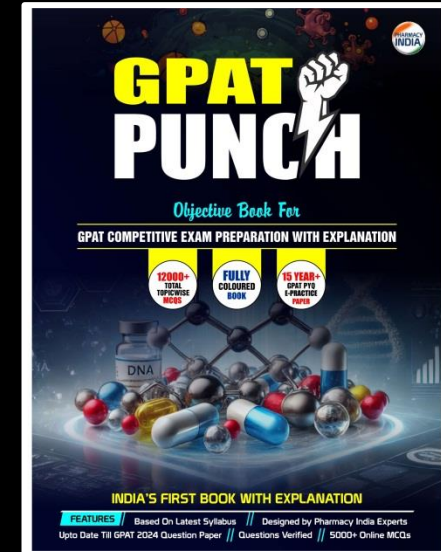


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19.

The drug of choice in anaphylactic shock is:

- (a) Dopamine
- (b) Adrenaline
- (c) Chlorpheniramine
- (d) Hydrocortisone



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19.

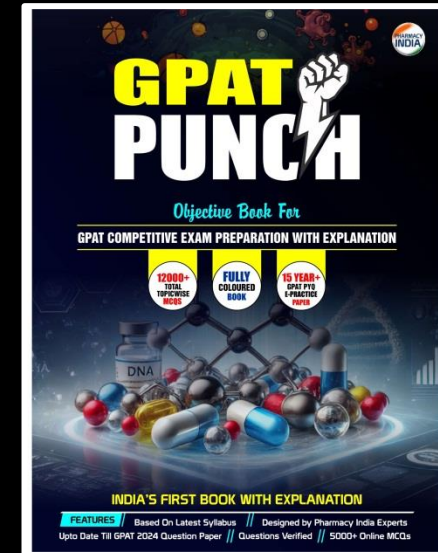
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(c) Chlorpheniramine

(d) Hydrocortisone



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Explanation:

Adrenaline, also called epinephrine, is the first-line medicine for anaphylaxis. Its α_1 action produces vasoconstriction and increases blood pressure while reducing mucosal edema. Its β_1 action supports cardiac output, and β_2 stimulation produces bronchodilation and inhibits mediator release. Antihistamines and corticosteroids may be used as adjuncts but do not replace adrenaline.



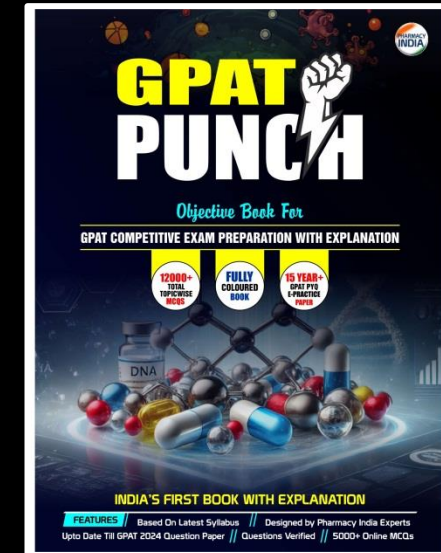
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20. All of the following can produce physical and psychological dependence EXCEPT:

- (a) Alcohol
- (b) Amphetamines
- (c) Morphine
- (d) Triprolidine



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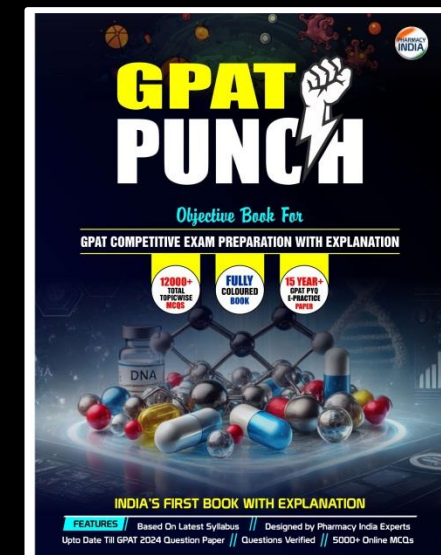


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- (b) Amphetamines
- (c) Morphine
- (d) Triprolidine



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Explanation:

Morphine is an opioid capable of causing marked physical as well as psychological dependence. Alcohol can also produce both forms of dependence after repeated use. Amphetamines are strongly associated with psychological dependence and patterns of compulsive use. Triprolidine is an H1 antihistamine and is not characteristically associated with drug dependence.



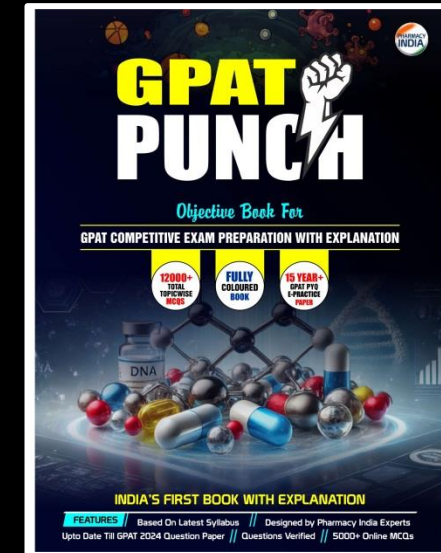
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21. Appearance of a characteristic withdrawal syndrome after discontinuation of a drug is called:

- (a) Drug addiction
- (b) Drug abuse
- (c) Psychological dependence
- (d) Physical dependence



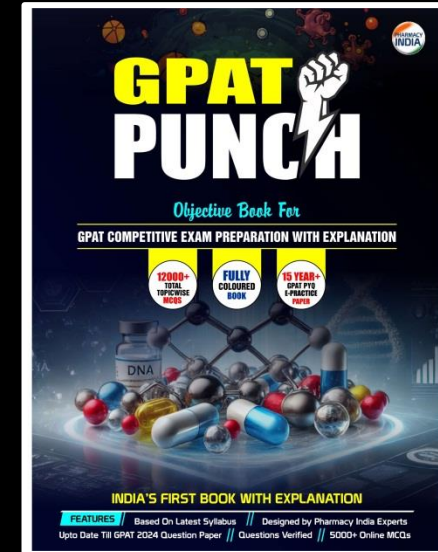
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- (a) Drug addiction
- (b) Drug abuse
- (c) Psychological dependence
- (d) Physical dependence**



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Explanation:

Physical dependence develops when physiological adaptation occurs during repeated drug exposure. Abrupt withdrawal then produces a characteristic group of signs and symptoms. The withdrawal syndrome varies according to the drug involved. Psychological dependence primarily involves craving and emotional desire for continued drug use.



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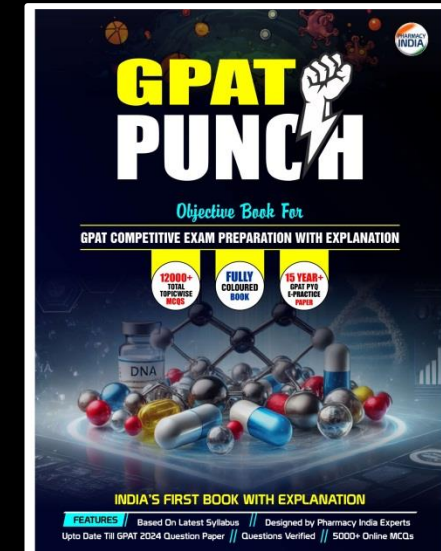


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22.

Abrupt withdrawal of therapy is generally not recommended for all of the following EXCEPT:

- (a) Propranolol
- (b) Prednisolone
- (c) Omeprazole
- (d) Phenytoin



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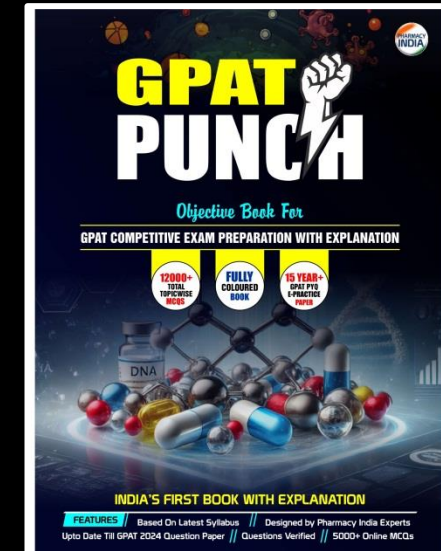


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Explanation:

Abrupt withdrawal of propranolol may produce rebound sympathetic effects such as tachycardia or worsening angina. Sudden discontinuation of prolonged corticosteroid therapy can precipitate adrenal insufficiency. Abrupt cessation of anticonvulsant therapy such as phenytoin may increase the risk of seizures. Omeprazole does not carry the same potentially dangerous withdrawal requirement in this context.



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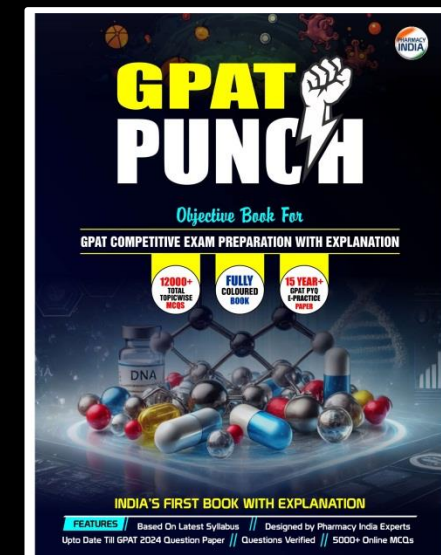


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23.

All of the following are teratogenic drugs EXCEPT:

- (a) Tetracycline
- (b) Methotrexate
- (c) Penicillin
- (d) Valproic acid



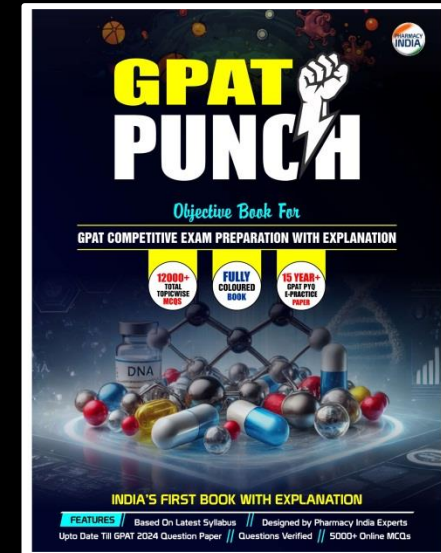
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Explanation:

Methotrexate is a well-recognized teratogen because it interferes with folate metabolism and rapidly dividing fetal tissues. Valproic acid increases the risk of neural-tube defects and other congenital abnormalities. Tetracyclines can adversely affect developing teeth and bones and are avoided during pregnancy. Penicillins are generally considered among the safer antibacterial drugs when clinically indicated during pregnancy.



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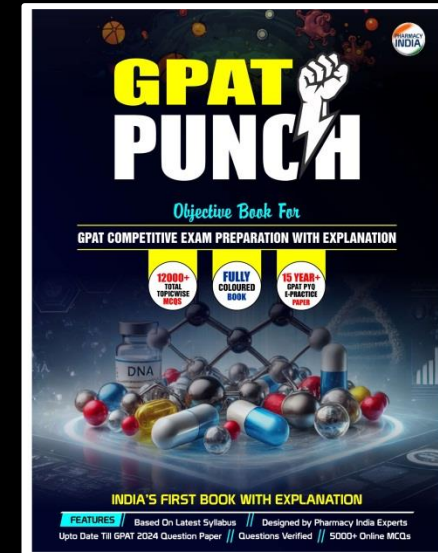


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24.

An SLE-like reaction can be caused by:

- (a) Hydralazine
- (b) Rifampicin
- (c) Paracetamol
- (d) Furosemide



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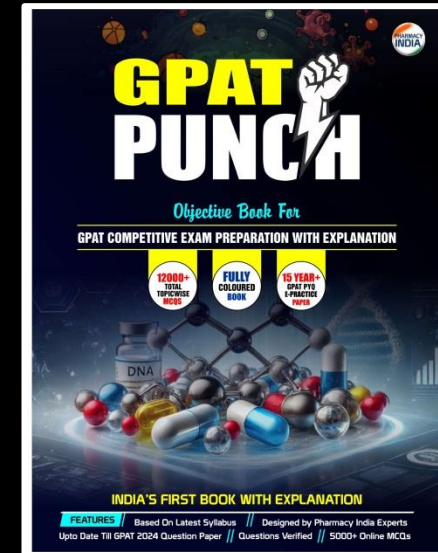


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Explanation:

Hydralazine is a classic drug associated with drug-induced lupus erythematosus. The risk increases with higher doses, prolonged exposure and certain metabolic characteristics such as slow acetylation. Patients may develop arthralgia, myalgia, fever and positive antinuclear antibodies. The condition usually improves after withdrawal of the causative medicine.



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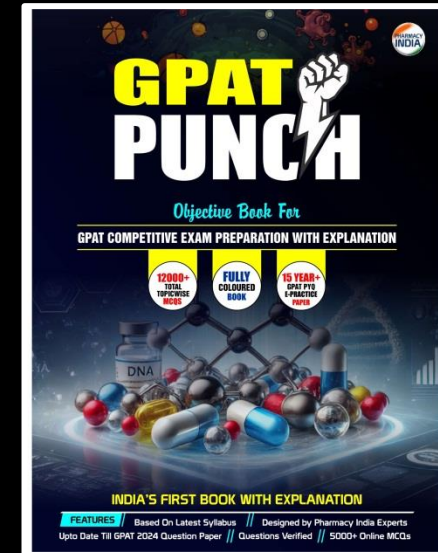


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25.

A toxic effect causing abnormalities of genetic material such as genes or chromosomes is known as:

- (a) Mutagenic effect
- (b) Teratogenic effect
- (c) Pharmacogenetics
- (d) Idiosyncrasy



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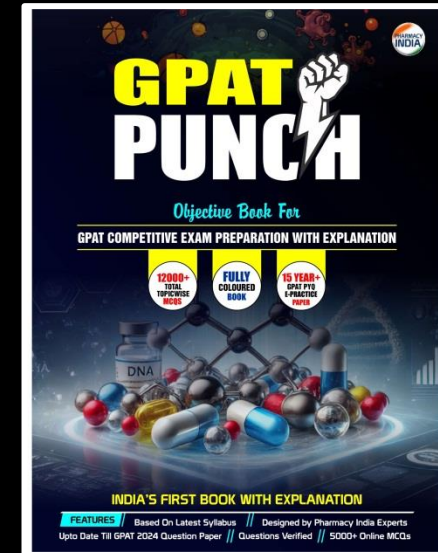


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- (c) Pharmacogenetics
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Explanation:

Mutagenicity refers to the capacity of an agent to produce permanent alterations in genetic material. These alterations may involve DNA sequences, genes or chromosomes. Mutations can occur in somatic cells or germ cells depending on exposure. **Teratogenicity** specifically refers to developmental abnormalities in the fetus rather than genetic mutation itself.



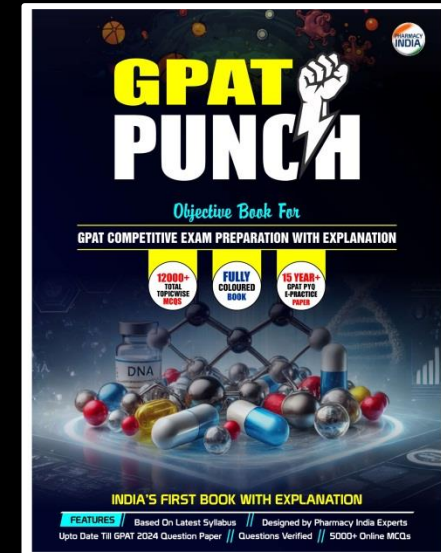
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26. Which of the following is considered comparatively safe for a nursing mother?

- (a) Chloramphenicol
- (b) Digoxin
- (c) Lithium
- (d) Amphetamines



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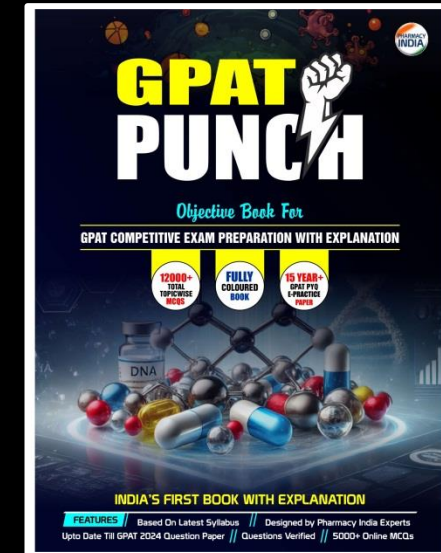
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(a) Chloramphenicol

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(c) Lithium

(d) Amphetamines



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Explanation:

Digoxin passes into breast milk only in small quantities and is generally considered compatible with breastfeeding at therapeutic maternal doses. Lithium can reach clinically significant concentrations in breastfed infants and requires considerable caution and monitoring if used. Amphetamines may expose the infant to stimulant effects and can interfere with lactation. Chloramphenicol is generally avoided because of potential toxicity in young infants.



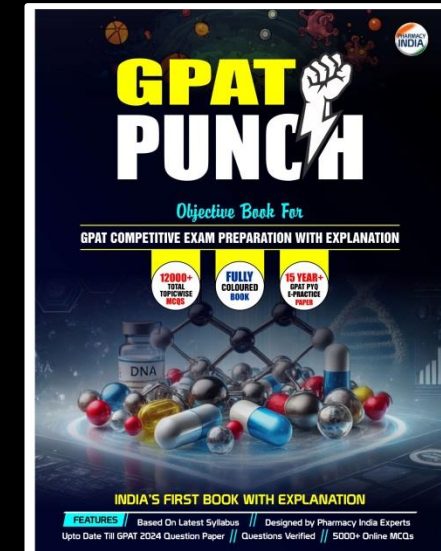
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27. Which drug is contraindicated during the breastfeeding period because it suppresses lactation?

- (a) Morphine
- (b) Propranolol
- (c) Diuretics
- (d) Bromocriptine



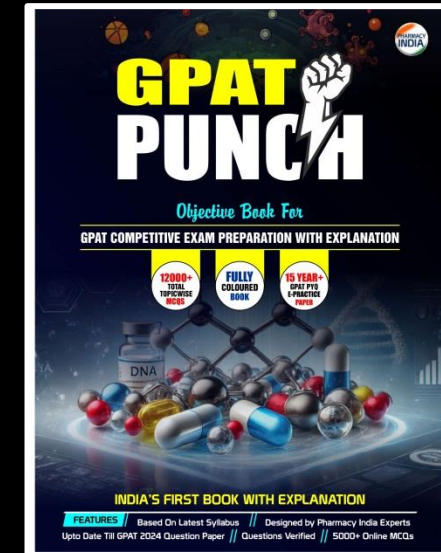
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Explanation:

Bromocriptine is a dopamine agonist that inhibits prolactin secretion from the pituitary gland. Prolactin is essential for initiation and maintenance of breast-milk production. Administration of bromocriptine can therefore markedly suppress lactation. It is not routinely used to suppress normal postpartum lactation because safer approaches are preferred.



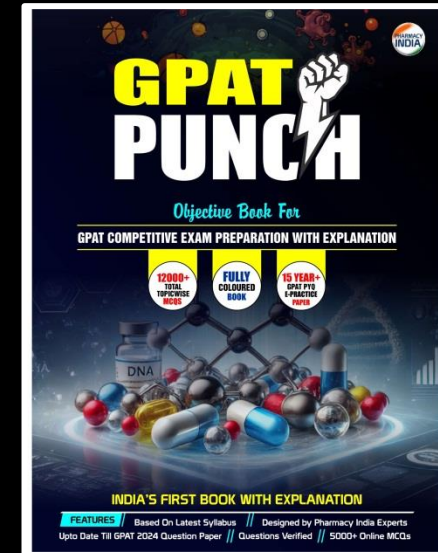
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28. Carbimazole is associated with all of the following fetal abnormalities EXCEPT:

- (a) Choanal atresia
- (b) Cleft lip and palate
- (c) Scalp defect
- (d) Neck swelling



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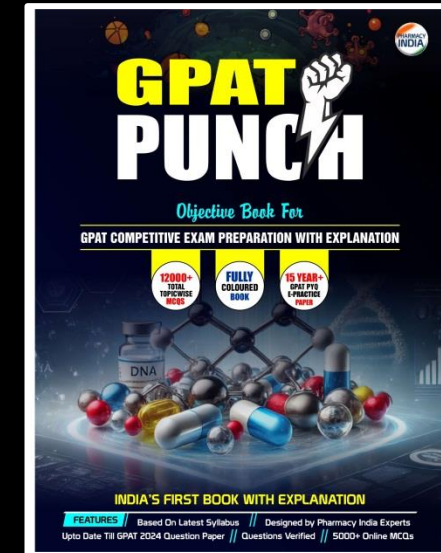
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Explanation:

Exposure to carbimazole or methimazole during early pregnancy has been associated with a characteristic embryopathy. Recognized abnormalities include aplasia cutis or scalp defects and choanal atresia. Excessive fetal thyroid suppression may also produce fetal goitre that can present as neck swelling. Cleft lip and palate is not one of the classic abnormalities emphasized in carbimazole embryopathy.



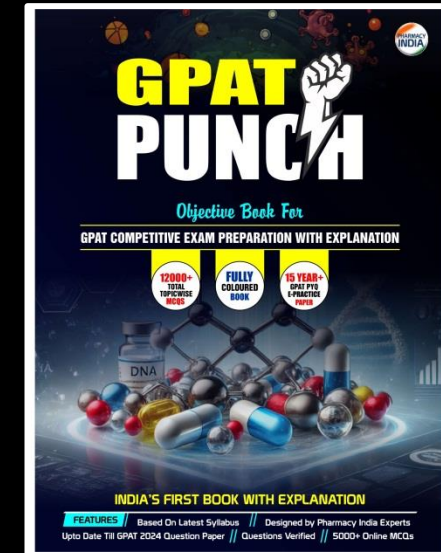
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29. Which term was defined by WHO as the science and activities relating to detection, assessment, understanding and prevention of adverse effects or other drug-related problems?

- (a) Iatrogenic medicine
- (b) Pharmacovigilance
- (c) Placebo monitoring
- (d) Carcinogenicity



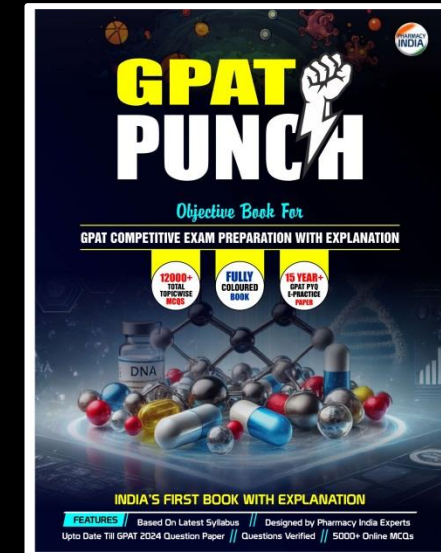
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Explanation:

Pharmacovigilance deals with the safety of medicines after and during their use in populations. It includes detection of possible adverse reactions and assessment of their causal relationship with medicines. It also involves understanding risk factors and preventing avoidable medicine-related harm. Spontaneous reporting systems are important tools within pharmacovigilance programs.



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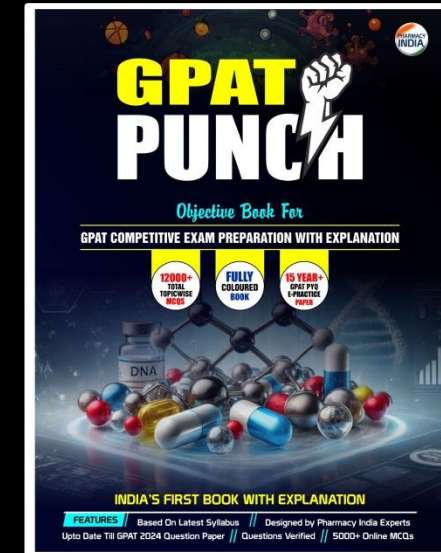


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30.

The fetus is particularly vulnerable to major teratogenic effects during approximately:

- (a) 25–40 days of gestation
- (b) 10–20 days of gestation
- (c) 80–90 days of gestation
- (d) 100–120 days of gestation



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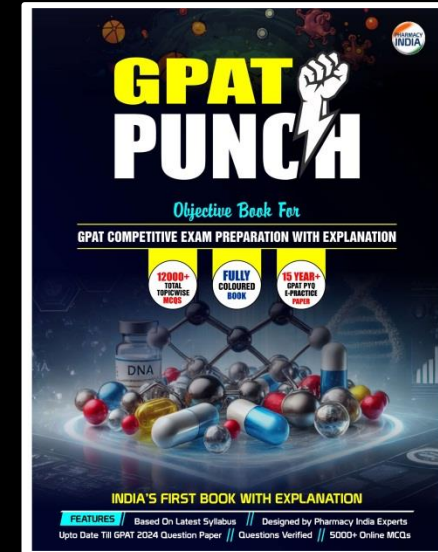


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- (d) 100–120 days of gestation



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Explanation:

Major structural development occurs during the embryonic period of organogenesis. Exposure to teratogenic agents during this period can interfere with formation of organs and limbs. The period around 25–40 days is especially critical for several major developmental structures. Teratogenic exposure outside this period may produce different functional or growth abnormalities.



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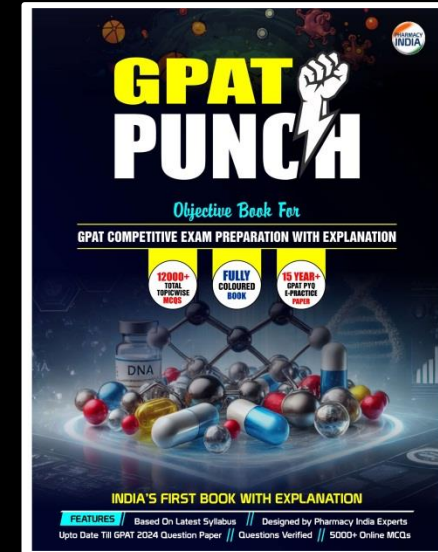


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31.

Drug addiction is best characterized by:

- (a) Compulsive drug use
- (b) Regular therapeutic drug use
- (c) Irregular use of prescribed medicines
- (d) Taking a high dose only once



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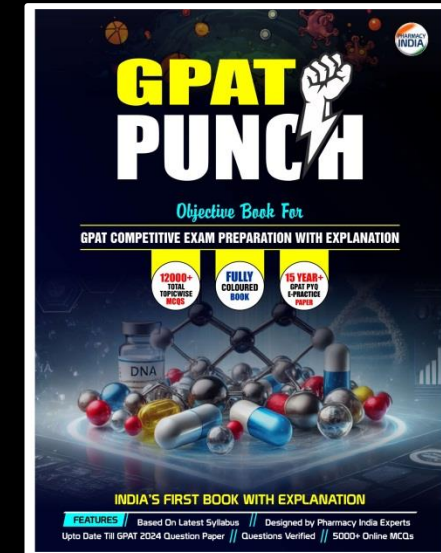


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Explanation:

Addiction is characterized by compulsive drug-seeking and drug-taking behaviour despite harmful consequences. The individual may develop strong craving and loss of control over use. Repeated exposure can produce neurobiological adaptations that reinforce continued consumption. Mere regular therapeutic use does not by itself constitute addiction.



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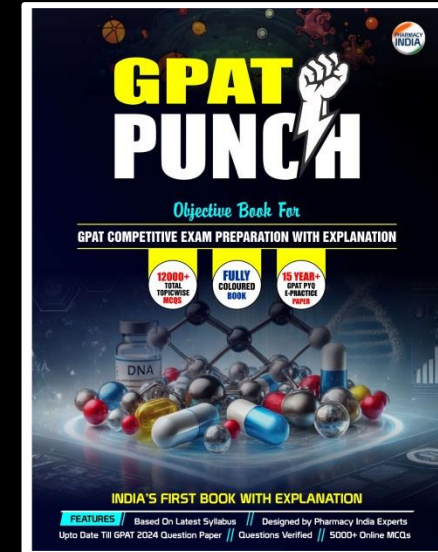


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32.

A score of 5–8 on the Naranjo adverse drug reaction probability scale indicates:

- (a) Definite adverse drug reaction
- (b) Probable adverse drug reaction
- (c) Possible adverse drug reaction
- (d) Doubtful adverse drug reaction



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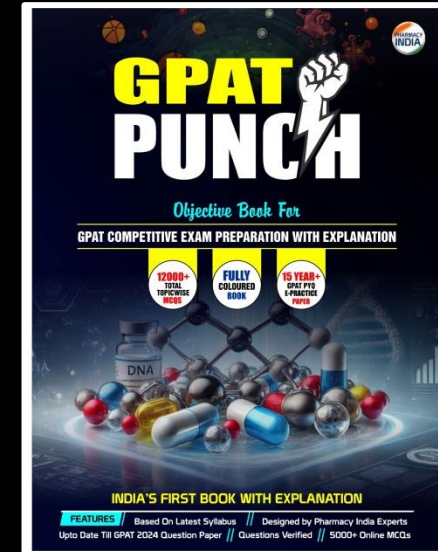


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Explanation:

The Naranjo algorithm is used to estimate the likelihood that an adverse event is caused by a particular drug. Scores are assigned according to factors such as timing, dechallenge, rechallenge and alternative explanations. A score of 5–8 corresponds to a probable causal relationship. Scores of 9 or more indicate a definite relationship, whereas lower scores indicate possible or doubtful causality.



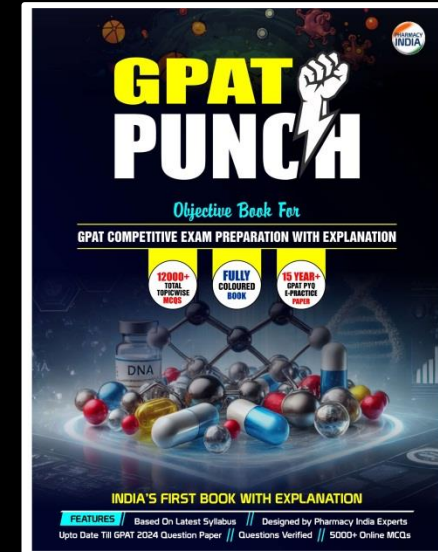
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33. Thalidomide, previously restricted because of its teratogenicity, is used therapeutically for:

- (a) Sedative-hypnotic treatment
- (b) Routine anticonvulsant therapy
- (c) Lepra reactions
- (d) Antibiotic therapy



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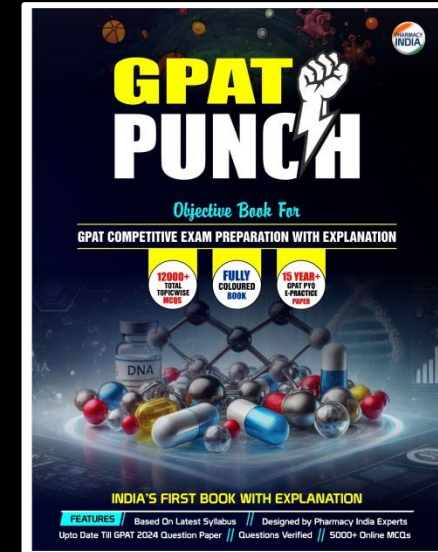


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- (c) Lepra reactions
- (d) Antibiotic therapy



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Explanation:

Thalidomide has powerful immunomodulatory and anti-inflammatory properties despite its severe teratogenic potential. It is particularly effective in erythema nodosum leprosum, a severe inflammatory complication of leprosy. The drug is also used in selected conditions such as multiple myeloma. Strict pregnancy-prevention measures are essential whenever thalidomide is prescribed.



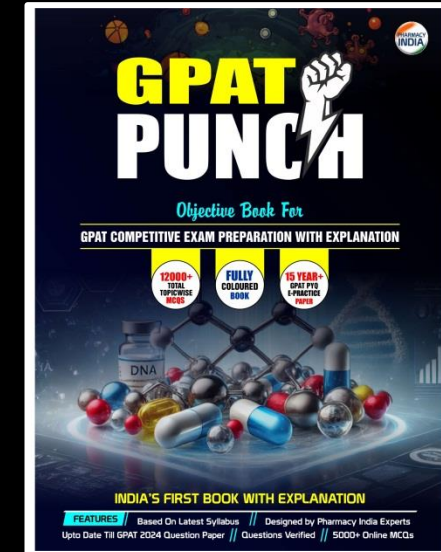
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34. **Cell-mediated delayed hypersensitivity reactions belong to:**

- (a) Type IV
- (b) Type III
- (c) Type II
- (d) Type I



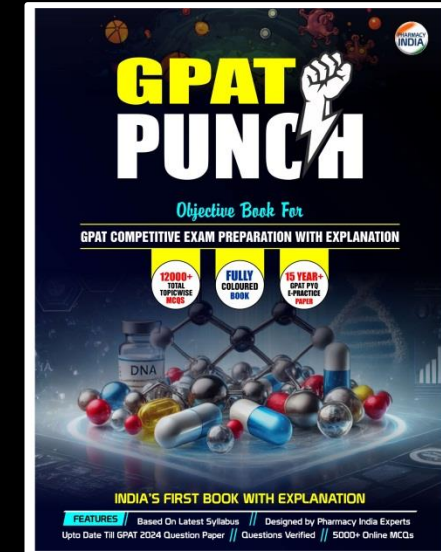
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- (d) Type I



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Explanation:

Type IV hypersensitivity is primarily mediated by sensitized T lymphocytes rather than circulating antibodies. Activated T cells release cytokines and recruit macrophages and other inflammatory cells. The reaction typically develops over 24–72 hours rather than immediately after exposure. Contact dermatitis and the tuberculin skin reaction are classic examples.



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35.

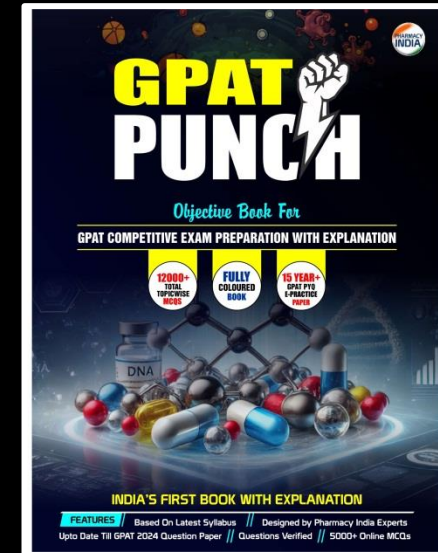
Arrange the hypersensitivity reactions in the correct Type I to Type IV sequence: P. Cytotoxic, Q. Immune complex, R. Anaphylactic, S. Cell-mediated delayed reaction.

(a) P, R, Q, S

(b) R, P, Q, S

(c) P, Q, R, S

(d) R, Q, P, S



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35.

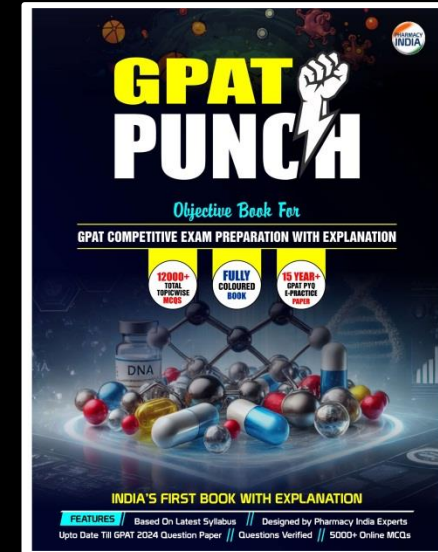
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(a) P, R, Q, S

(b) R, P, Q, S

(c) P, Q, R, S

(d) R, Q, P, S



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Explanation:

Type I hypersensitivity is immediate or anaphylactic and is commonly mediated by IgE. Type II is a cytotoxic antibody-mediated reaction directed against cell-surface or tissue antigens. Type III results from deposition of antigen-antibody immune complexes in tissues. Type IV is a delayed cell-mediated reaction involving sensitized T lymphocytes.



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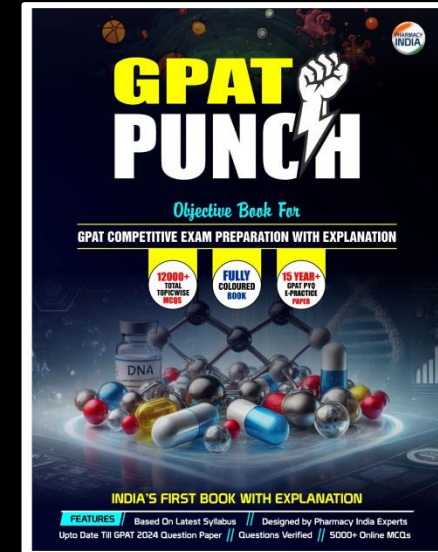


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36.

Which is an example of an immune-complex Type III hypersensitivity reaction?

- (a) Transfusion reaction
- (b) Serum sickness
- (c) Rh incompatibility
- (d) Asthma



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36.

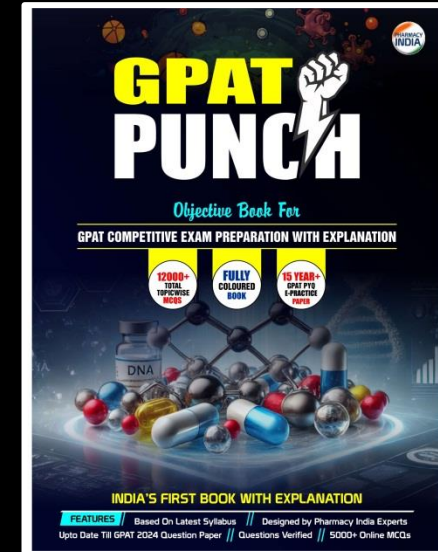
Which is an example of an immune-complex Type III hypersensitivity reaction?

(a) Transfusion reaction

(b) Serum sickness

(c) Rh incompatibility

(d) Asthma



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Explanation:

Serum sickness occurs when circulating antigen-antibody complexes form and deposit in tissues. Complement activation then produces inflammation involving blood vessels, joints and other organs. It is therefore a classic systemic example of Type III hypersensitivity. Transfusion reactions and Rh incompatibility are usually Type II reactions.



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37.

Match the poisons with their antidotes:

I. Opium	-	1. Calcium disodium EDTA
II. Digitalis	-	2. Protamine sulfate
III. Heparin	-	3. Nalorphine
IV. Lead	-	4. Lignocaine

(a) I-3, II-4, III-2, IV-1

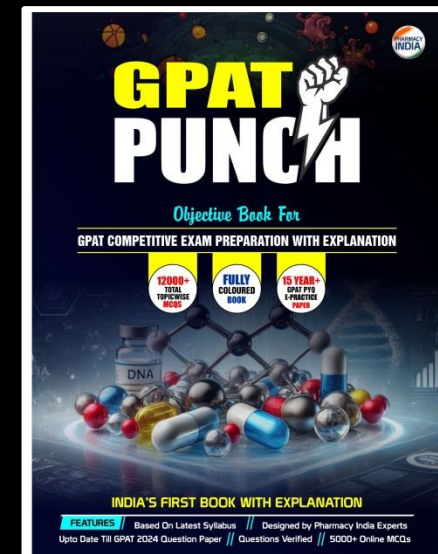
(b) I-4, II-1, III-3, IV-2

(c) I-4, II-2, III-3, IV-1

(d) I-1, II-4, III-2, IV-3



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37.

Match the poisons with their antidotes:

- | | | |
|----------------------|----------|---------------------------------|
| I. Opium | - | 1. Calcium disodium EDTA |
| II. Digitalis | - | 2. Protamine sulfate |
| III. Heparin | - | 3. Nalorphine |
| IV. Lead | - | 4. Lignocaine |

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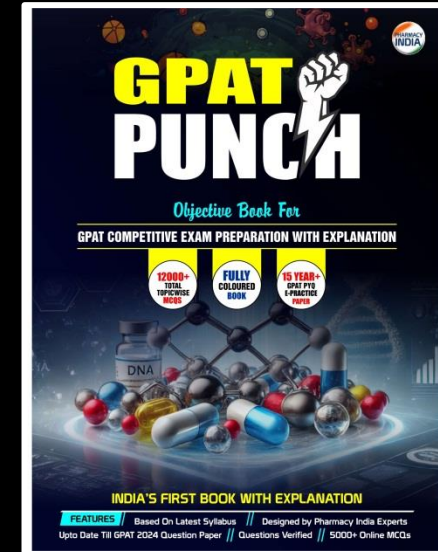
(b) I-4, II-1, III-3, IV-2

(c) I-4, II-2, III-3, IV-1

(d) I-1, II-4, III-2, IV-3



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Explanation:

Nalorphine is an older opioid antagonist historically used for opioid poisoning. Lignocaine may be used for certain ventricular arrhythmias associated with digitalis toxicity, although modern management may employ other specific measures. Protamine sulfate neutralizes the anticoagulant action of heparin by forming an inactive complex. Calcium disodium EDTA is a chelating agent used in significant lead poisoning.



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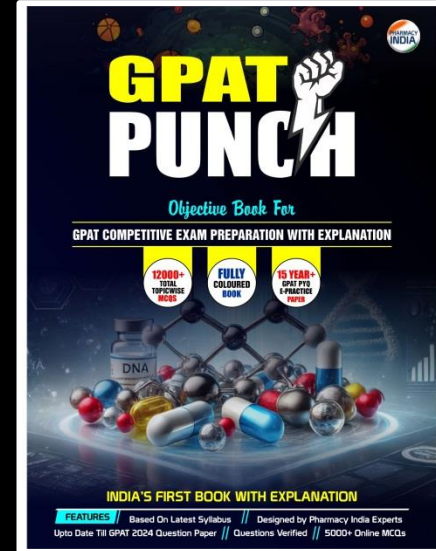


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38.

An addicting drug that produces little or no prominent physical dependence is:

- (a) Diazepam
- (b) Methadone
- (c) Amphetamine
- (d) Phenobarbitone



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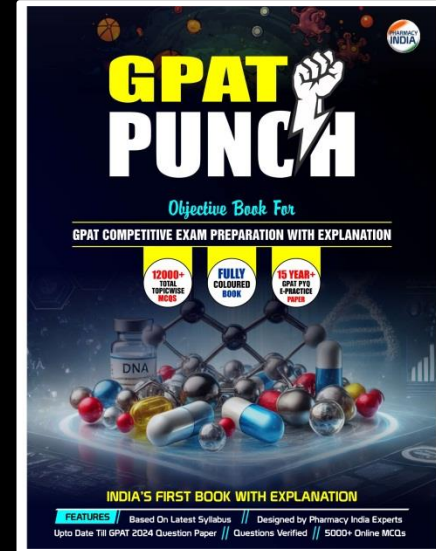


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Explanation:

Amphetamines produce powerful central stimulant effects and can lead to compulsive patterns of use. Psychological dependence and craving may be particularly prominent with stimulant abuse. Classical severe physical withdrawal is less characteristic than with opioids, alcohol or barbiturates. Withdrawal can nevertheless produce fatigue, dysphoria and sleep disturbances. Therefore, amphetamine is the best answer among the listed options.



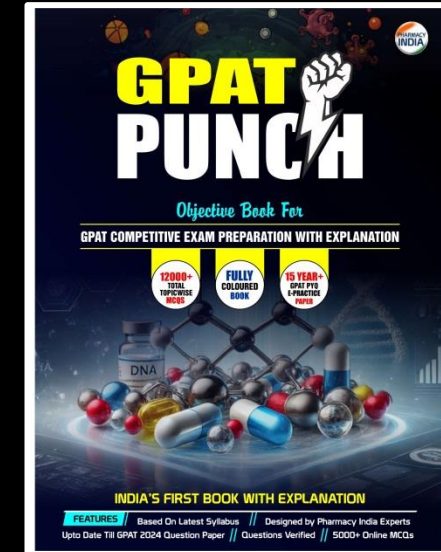
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39. Which of the following drugs should generally be avoided during pregnancy?

- (a) Atorvastatin
- (b) Warfarin
- (c) Methotrexate
- (d) All of these



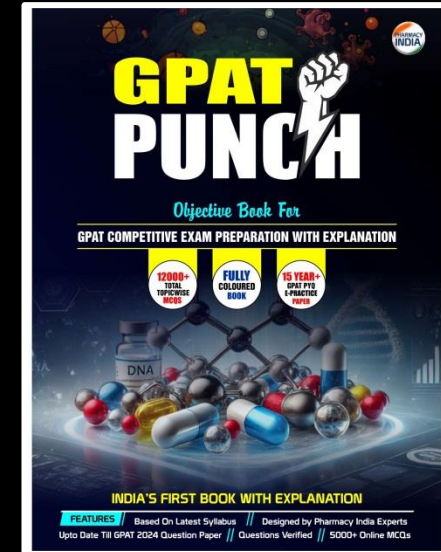
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- (b) Warfarin
- (c) Methotrexate
- (d) All of these



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Explanation:

Methotrexate is a potent folate antagonist with well-established embryotoxic and teratogenic effects. Warfarin crosses the placenta and can cause fetal bleeding and characteristic warfarin embryopathy. Statins such as atorvastatin are generally discontinued during pregnancy unless exceptional circumstances justify continued use. Drug selection in pregnancy requires careful assessment of maternal benefit and fetal risk.



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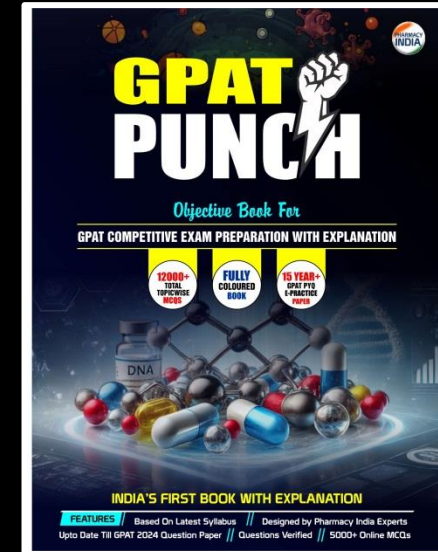


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40.

Which statement is INCORRECT regarding Type-A adverse drug reactions?

- (a) They are dose-dependent
- (b) They are pharmacologically predictable
- (c) They can often be managed by dose adjustment
- (d) They usually lead to high mortality



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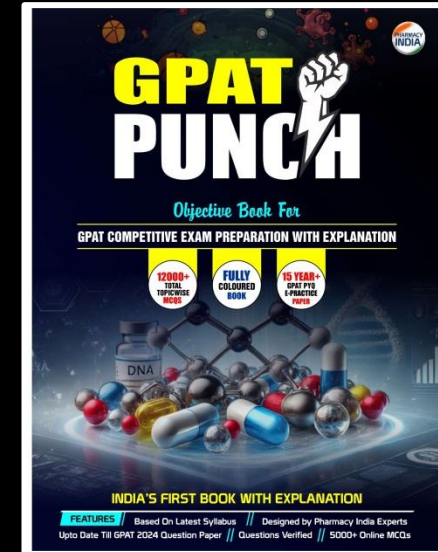


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- (d) They usually lead to high mortality**



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Explanation:

Type-A reactions are augmented extensions of a drug's known pharmacological actions. They are usually dose-dependent, predictable and relatively common. Management frequently involves reducing the dose, correcting contributing factors or temporarily withdrawing therapy. Although they can occasionally be serious, their mortality is generally lower than that associated with severe unpredictable Type-B reactions.



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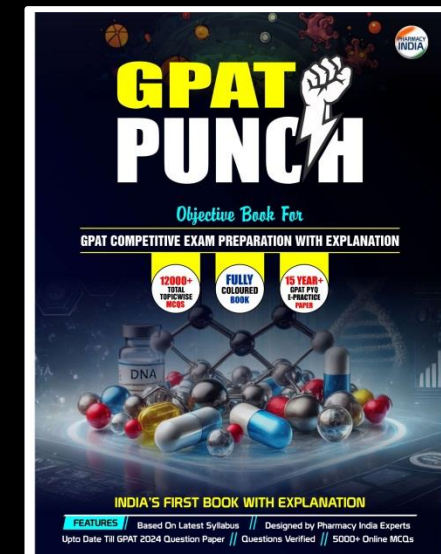


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41.

Spina bifida and other neural-tube defects are particularly associated with:

- (a) Lithium carbonate
- (b) Indomethacin
- (c) Valproate sodium
- (d) Warfarin



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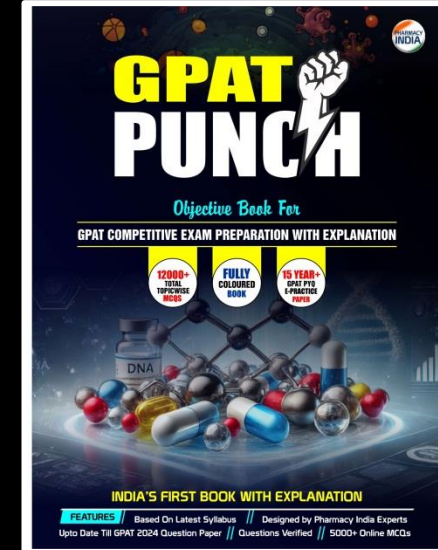


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Spina bifida and other neural-tube defects are particularly associated with:

- (a) Lithium carbonate
- (b) Indomethacin
- (c) Valproate sodium
- (d) Warfarin



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Explanation:

Valproate exposure during pregnancy markedly increases the risk of neural-tube defects such as spina bifida. The risk is particularly important when exposure occurs during early embryonic development. Valproate is also associated with other structural abnormalities and adverse neurodevelopmental outcomes. Alternative antiseizure therapy is preferred during pregnancy when clinically feasible.



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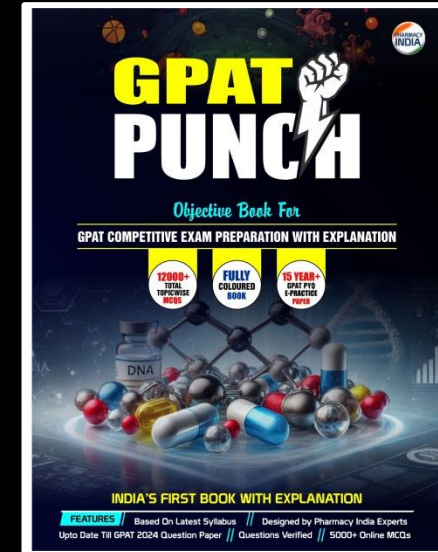


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42.

British Anti-Lewisite (BAL; dimercaprol) is classically used in:

- (a) Arsenic poisoning
- (b) Lead poisoning only
- (c) Mushroom poisoning
- (d) Organophosphorus poisoning



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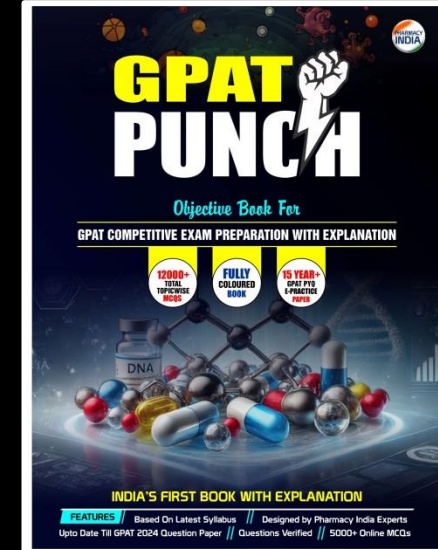


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- (c) Mushroom poisoning**
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Explanation:

Dimercaprol contains sulfhydryl groups capable of binding certain heavy metals. It was originally developed as an antidote against arsenical chemical agents. The resulting metal-chelator complex reduces interaction of the metal with essential cellular sulfhydryl enzymes. Dimercaprol has also been used for selected other heavy-metal poisonings. Therefore, arsenic poisoning is the classic indication among these options.



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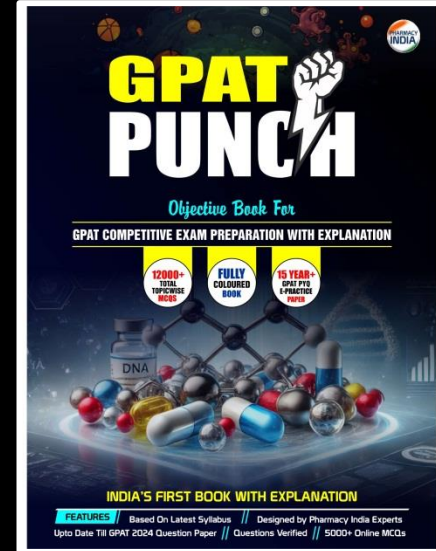


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43.

Which of the following is an antidotal component used in cyanide poisoning?

- (a) N-Acetylcysteine
- (b) Physostigmine
- (c) Sodium nitrite
- (d) Pralidoxime



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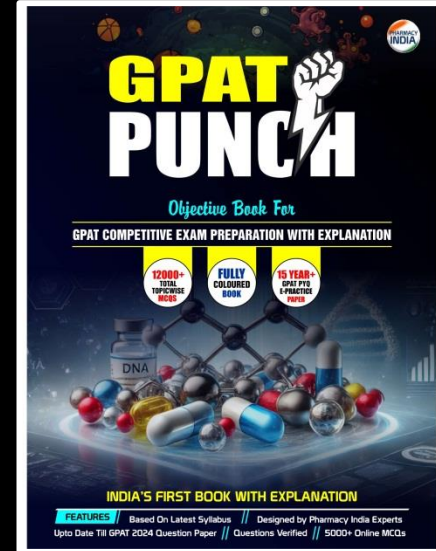


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Explanation:

Sodium nitrite is part of the traditional nitrite-thiosulfate antidotal regimen for cyanide poisoning. It induces methemoglobin formation, which can bind cyanide and reduce its interaction with cytochrome oxidase. Sodium thiosulfate then facilitates conversion of cyanide to thiocyanate for elimination. Hydroxocobalamin is also widely used as a modern cyanide antidote.



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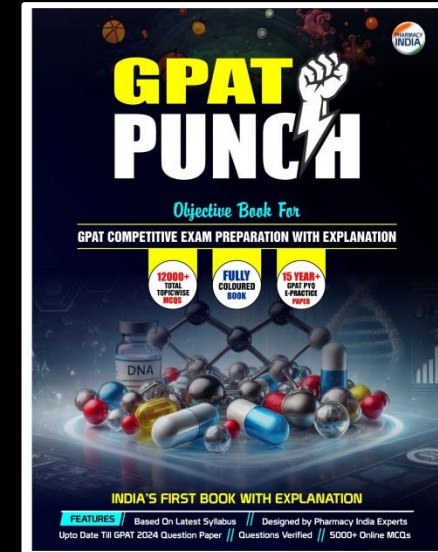


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44.

Which chelating agent is used in lead poisoning?

- (a) Dimercaptosuccinic acid
- (b) Physostigmine
- (c) Fomepizole
- (d) Atropine



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44.

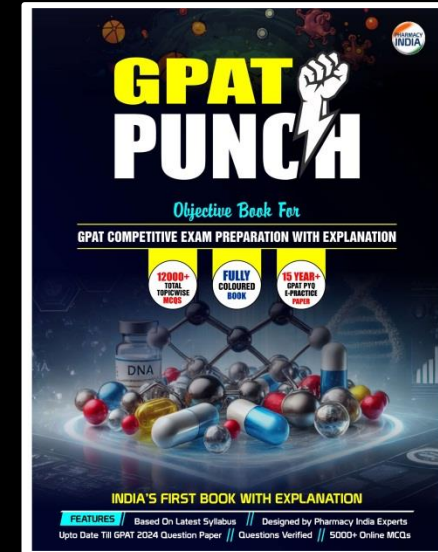
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(b) Physostigmine

(c) Fomepizole

(d) Atropine



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Explanation:

Dimercaptosuccinic acid, also called succimer or DMSA, is an orally active heavy-metal chelating agent. Its sulfhydryl groups bind lead ions and form complexes that can be eliminated from the body. It is commonly used in appropriate cases of lead poisoning, particularly in children. Fomepizole is used for toxic alcohol poisoning, whereas atropine and physostigmine have different antidotal roles.



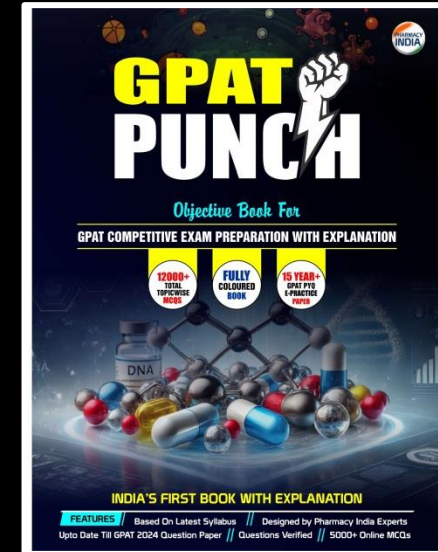
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45. Which drug does NOT appreciably cross the placental barrier?

- (a) Morphine
- (b) Lithium
- (c) Warfarin
- (d) Heparin



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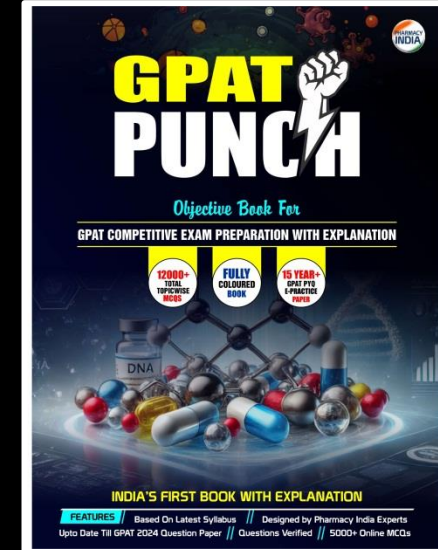


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Explanation:

Unfractionated heparin is a large, highly charged molecule that does not significantly cross the placenta. It therefore does not directly anticoagulate the fetus. Warfarin readily crosses the placenta and may cause fetal bleeding and congenital abnormalities. Lithium and morphine can also cross the placenta and expose the fetus.



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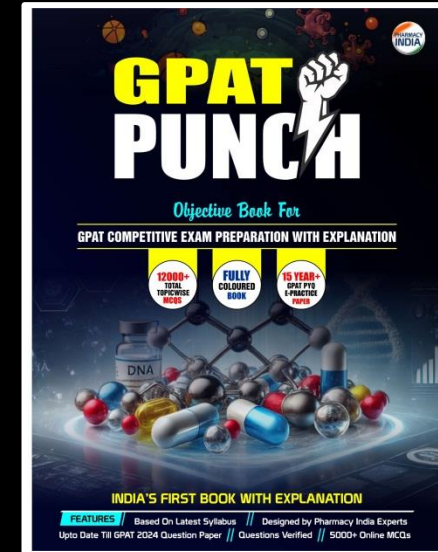


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46.

Dimercaprol acts in heavy-metal poisoning mainly by:

- (a) Neutralizing metals in the stomach only
- (b) Adsorbing metals on its surface
- (c) Increasing elimination without binding
- (d) Chelating metals and rendering them biologically inactive



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46.

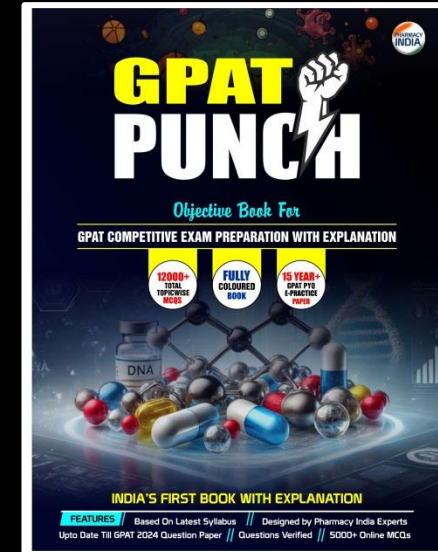
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(d) Chelating metals and rendering them biologically inactive



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Explanation:

Dimercaprol contains two sulfhydryl groups that have a high affinity for certain heavy metals. These groups bind the metal and form a relatively stable chelate complex. Chelation prevents the metal from binding to essential cellular enzymes and proteins. The resulting complex can subsequently be eliminated from the body.



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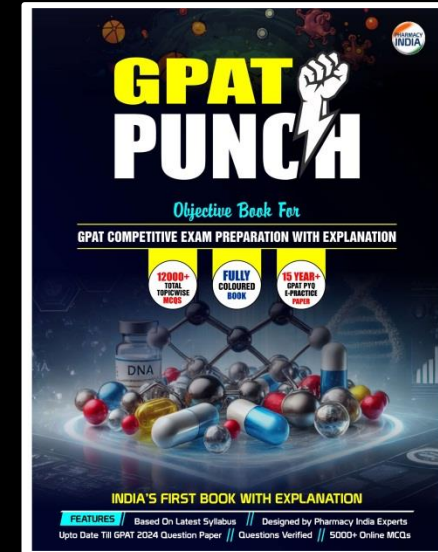


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47.

The antidotes used in organophosphorus poisoning are:

- (a) Atropine and pralidoxime
- (b) Atropine and physostigmine
- (c) Atropine and N-acetylcysteine
- (d) Atropine and dimercaprol



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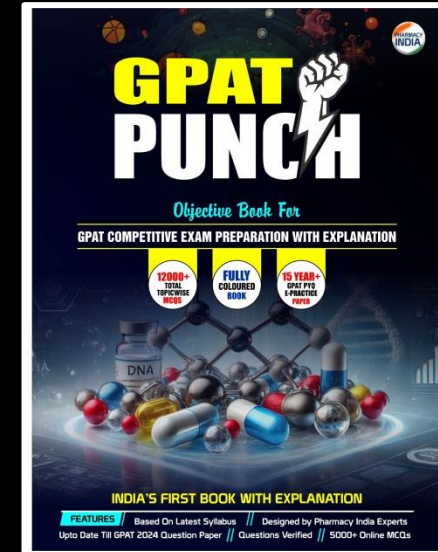


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- (b) Atropine and physostigmine**
- (c) Atropine and N-acetylcysteine**
- (d) Atropine and dimercaprol**



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Explanation:

Organophosphorus compounds inhibit acetylcholinesterase and produce excessive accumulation of acetylcholine. Atropine competitively blocks muscarinic receptors and rapidly controls bronchial secretions, bronchospasm and other muscarinic manifestations. Pralidoxime can reactivate phosphorylated acetylcholinesterase if administered before irreversible enzyme aging occurs. It is particularly useful for nicotinic manifestations such as muscle weakness.



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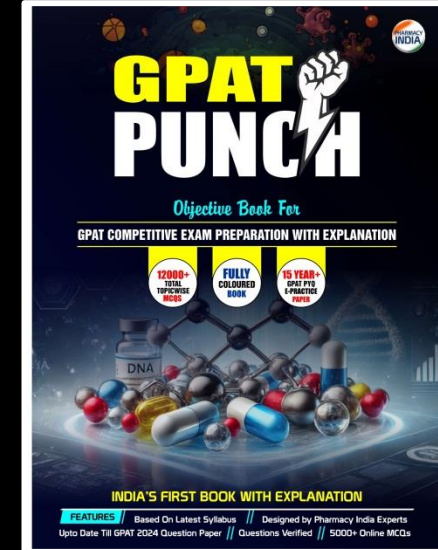


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48.

Which is a potent and specific chelating agent used in iron poisoning?

- (a) Deferoxamine
- (b) Disulfiram
- (c) Erythropoietin
- (d) Ferric gluconate



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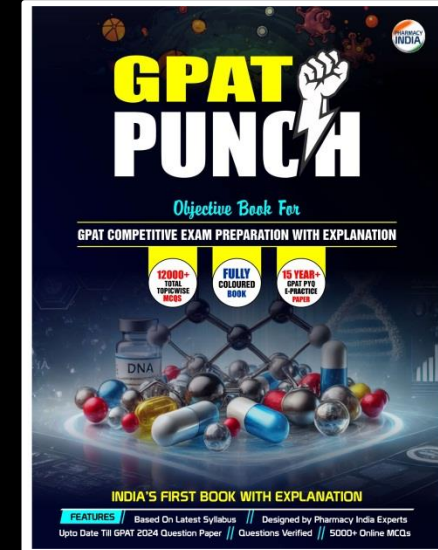


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Explanation:

Deferoxamine is a chelating agent with high affinity for ferric iron. It binds free iron to form ferrioxamine, a water-soluble complex that can be excreted. This reduces the availability of free iron responsible for cellular and mitochondrial toxicity. It has an established role in significant acute iron poisoning and selected chronic iron-overload states.



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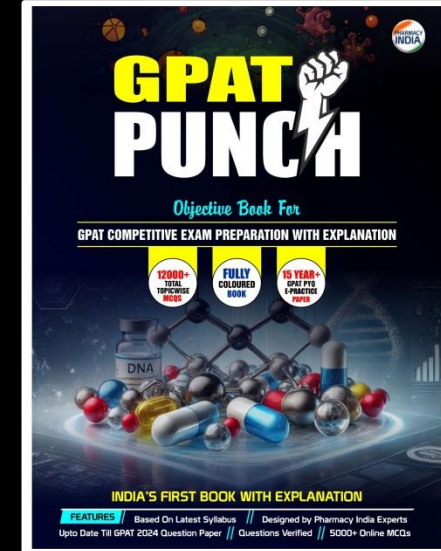


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49.

The antidote for benzodiazepine overdose is:

- (a) Flupenthixol
- (b) Flumazenil
- (c) Fluphenazine
- (d) Fluoxetine



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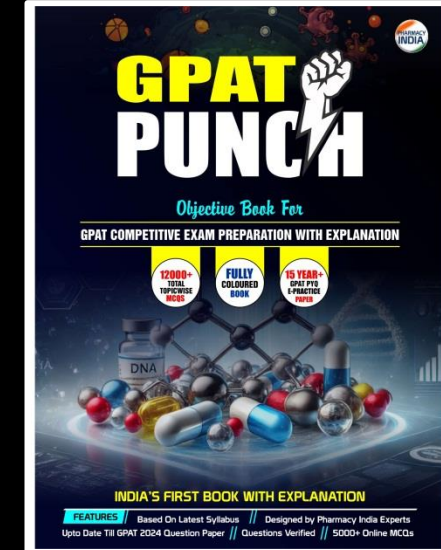


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- (b) Flumazenil**
- (c) Fluphenazine
- (d) Fluoxetine



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Explanation:

Flumazenil is a competitive antagonist at the benzodiazepine recognition site of the GABA-A receptor complex. It can reverse sedation and other central effects produced by benzodiazepines. Its use must be cautious because it can precipitate seizures in dependent patients or in certain mixed overdoses. Supportive airway and respiratory management remains essential in significant poisoning.



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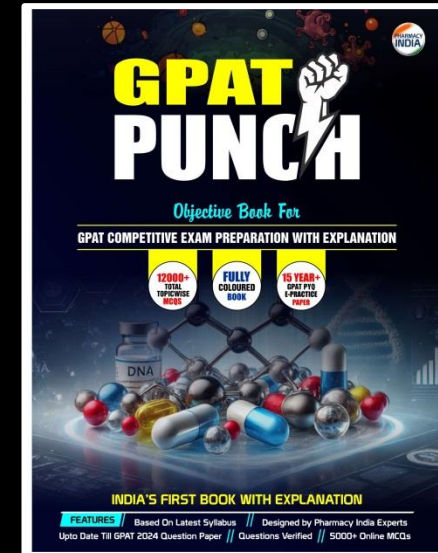
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50.

All of the following are commonly useful methods for identification or evaluation of adverse drug reactions

EXCEPT:

- (a) Phase-II clinical trial as a principal pharmacovigilance detection method
- (b) Case report
- (c) Case-control study
- (d) Cohort study



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50.

All of the following are commonly useful methods for identification or evaluation of adverse drug reactions

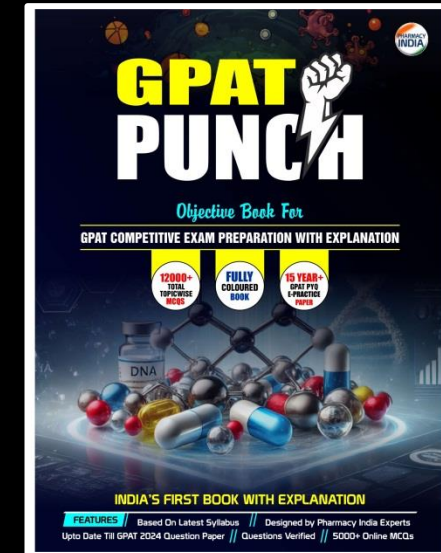
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(b) Case report

(c) Case-control study

(d) Cohort study



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Explanation:

Case reports are particularly useful for generating signals about unusual or previously unrecognized adverse reactions. Case-control studies can compare prior exposure in patients with and without a suspected adverse outcome. Cohort studies can determine and compare the incidence of adverse outcomes among exposed and unexposed populations. Pre-marketing Phase-II trials have relatively limited sample sizes and are not principal methods for detecting rare post-marketing ADRs.



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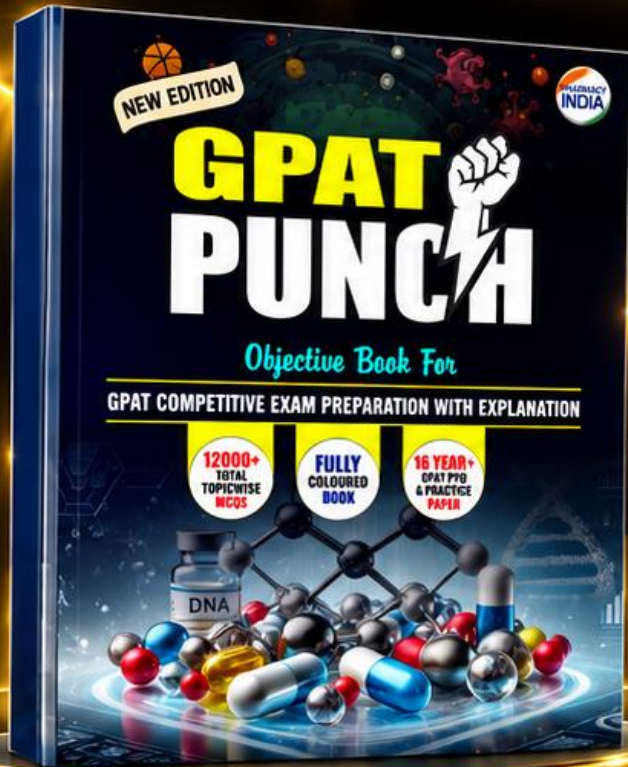


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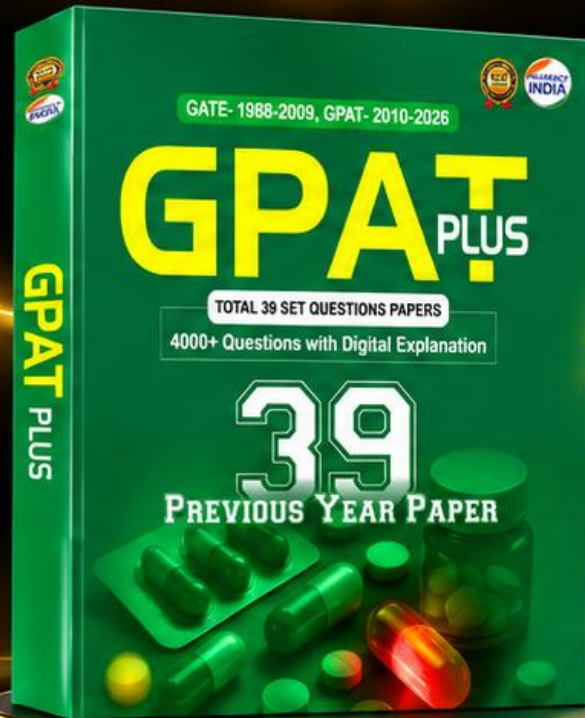


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