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Examination

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QUESTION 1

Which of the following Anti-epileptic medication can cause pancreatitis?

- A. Carbamazepine
- B. Gabapentin
- C. Valproic acid
- D. Levetiracetam
- E. Phenobarbital

Correct Answer: C

Cases of life-threatening pancreatitis have been reported in both pediatric and adult patients receiving valproic acid or its analogs. Patients should be warned that abdominal pain, nausea, vomiting, and/or anorexia can be symptoms of pancreatitis that require prompt medical evaluation. If pancreatitis is diagnosed, valproate should be discontinued.

Reference: <http://www.clinicalpharmacology-ip.com/Forms/Monograph/monograph.aspx?cpnum=637andsec=moncontrandt=0>

QUESTION 2

A 54-year-old male with a long history of mild persistent asthma on daily fluticasone therapy has been using his albuterol inhaler every day for the past month, and presents requesting a refill. What changes should be made to his current regimen?

- A. Add ciclesonide to current regimen
- B. Add salmeterol to current regimen
- C. Discontinue fluticasone and instead use salmeterol
- D. Add cromolyn to current regimen
- E. Discontinue fluticasone and add ipratropium to current regimen

Correct Answer: B

Add salmeterol to the current regimen. This patient had mild persistent asthma but was using his albuterol daily, which indicates that a step up in therapy is warranted. The preferred first line treatment regimen for moderate persistent asthma are low to medium dose inhaled corticosteroids plus a long acting beta2 agonist, as well as a short acting beta2 agonist as needed. A is incorrect. Ciclesonide is an inhaled corticosteroid. The patient in the case is already using fluticasone, so adding ciclesonide would be therapeutic duplication. C is incorrect. Long-acting beta2 agonists should only be used as adjunctive therapy in patients who are currently receiving but not adequately controlled on an inhaled corticosteroid. These medications should not be used as monotherapy, due to an increased risk of asthma related deaths. D is incorrect. Cromolyn prevents the release of vasoactive mediators from mast cell and is primarily used for exercise-induced asthma, it is not indicated as an alternative agent in patients with moderate persistent asthma. E is incorrect. Ipratropium is a short-acting anticholinergic, which is often used in COPD or in asthma exacerbations. It is not indicated for maintenance treatment of moderate persistent asthma.

QUESTION 3

Which of the following is/are appropriate for pseudomonas skin/soft tissue infections?

- A. Ertapenem
- B. Cefepime
- C. Ceftazoline
- D. Cefazolin
- E. Vancomycin

Correct Answer: B

Ceftazoline covers MRSA, but it does not cover pseudomonas. Ertapenem does not cover pseudomonas. Cefazolin does not cover MRSA nor Pseudomonas. Cefepime has pseudomonas coverage. Vancomycin does not cover gram negative bacteria.

QUESTION 4

What indication usually requires higher dose of proton pump inhibitor?

- A. Helicobacter pylori
- B. Esophagitis
- C. Duodenal ulcer
- D. Stress ulcer prophylaxis
- E. Zollinger-Ellison syndrome

Correct Answer: E

The diagnosis of Zollinger-Ellison syndrome is suggested when plasma gastrin is > 1000 pg/ml and the basal acid output is > 15 mEq/h or when associated with a pH andlt; 2. The treatment is focused on controlling gastric acid hypersecretion and localisation of the tumour and its metastases. Proton pump inhibitors are the most effective antisecretory drugs and can be administered at high dosages

QUESTION 5

If you mix 30 gm 5% lidocaine cream and 90gm of 0.5% hydrocortisone cream, what percent of lidocaine and hydrocortisone do you have as the end product?

- A. Lidocaine/Hydrocortisone 2%/1.25%
- B. Lidocaine/Hydrocortisone 0.375%/0.15%
- C. Lidocaine/Hydrocortisone 1.25 %/ 0.15%

D. Lidocaine/Hydrocortisone 2% /0.25%

E. Lidocaine/Hydrocortisone 1.25% /0.375%

Correct Answer: E

QUESTION 6

Which of the following is dichotomous variable?

A. Sex

B. Pain yes/ Pain no

C. alive / dead

D. Grade of Breast Cancer

E. NYHA I-IV

Correct Answer: C

Dichotomous data is considered categorical data that only has two categories, or two answer choices. All 3 answer choices have only 2 categories: sex has male or female, pain is yes or no, and alive or dead is only two options also.

Reference: <http://www.bmj.com/about-bmj/resources-readers/publications/statistics-square-one>

QUESTION 7

Which of the following class of antidiabetic medications can increase triglycerides?

A. Bile acid sequestrant

B. GLP-1 agonist

C. Thiazolidinediones

D. SGLT2 Inhibitor

E. Alpha-glucosidase inhibitors

Correct Answer: A

The only bile acid sequestrant, colesevelam (Welchol), has been shown to increase triglycerides through mechanism of: activation of phosphatidic acid phosphatase with promotes triglyceride synthesis. GLP-1 agonists work on GLP 1 receptors to increase insulin secretion, decrease glucagon secretion, and increase satiety. Thiazolidinediones activate nuclear transcription factor PPAR gamma to increase insulin sensitivity. SGLT2 inhibitors inhibit glucose reabsorption in the kidney. Alpha-glucosidase inhibitors slow down digestion and absorptions of carbs in the gut.

QUESTION 8

A 20-year-old student came to the emergency department with primary complaints of palpitations, low-grade fever, and anxiety for 2 months. She reports that she is irritable and suffers severe mood swings that is interfering with her sleep and relationships (she admits to crying spells and frequent fights with friends and family). She has also lost 12 pounds in the past 2 months with no apparent alteration in her diet or physical activity (though she is happy with her weight loss). She denies any past medical problems, though her friends have always been worried that she eats too little.

Her temperature is 38.0 C (100.4 F), blood pressure is 148/62 mm Hg, pulse is 122/min and regular, and respiratory rate is 28/min. Examination reveals a bruit heard over the anterior neck, fine tremor of the hands, and warm, moist skin. Her eyes and eyelids do not move together during finger following test (with steady head). Laboratory work is sent, including a thyroid panel, but will not be available until tomorrow morning.

Which of the following is the most appropriate initial management at this time?

- A. Diltiazem therapy
- B. Iodine therapy
- C. Methimazole therapy
- D. Propranolol therapy
- E. Referral to a surgeon

Correct Answer: D

This patient had hyperthyroidism, though the exact cause of her condition is not currently clear. The immediate treatment should focus on controlling the patient's symptoms for which a non-specific beta-blocker is seemingly an ideal choice. Propranolol therapy can be initiated without any adverse effects while the patient undergoes further workup of her condition. As the treatment for hyperthyroidism varies depending upon the cause of the condition, more definitive therapy should be avoided. Diltiazem (choice A) helps control heart rate but does not have the same antiadrenergic properties as beta-blockers. The initial treatment for symptomatic hyperthyroidism is propranolol. Iodine (choice B) can be used in high doses to inhibit thyroid production of T3 and T4. Until it's clear that this patient does not have an exogenous source of thyroid hormone (and until it is clear she is not pregnant), this agent should not be considered. Propylthiouracil (PTU) and Methimazole (choice C) inhibit the organification of iodine to tyrosine residues. If this patient has Graves disease, this would be an appropriate treatment. Until a diagnosis is made, however, initial therapy should consist of a beta-blocker. Surgical treatment (choice E) of hyperthyroidism is often a reasonable treatment for patients who cannot tolerate medical therapy or radioactive iodine ablation.

QUESTION 9

You get an order for 5% amino acid 15% dextrose premixed parenteral nutrition solution, 2 L at 83mls/hr. Your pharmacy technician tells you there is a manufacturer's backorder on those. How many ml of 20% dextrose would you need to provide the same amount of dextrose in 24 hrs?

- A. 1000ml
- B. 1400ml
- C. 1500ml
- D. 200ml
- E. 2500ml

Correct Answer: C

15% dextrose = 15gm/100ml = 300gm/2000ml. Patient needs 300gm. $300\text{gm}/X\text{ml} = 20\text{gm}/100\text{ml} = 1500\text{ml}$

QUESTION 10

All of the following may increase triglycerides except:

- A. Protease inhibitor
- B. Bile acid sequestrants
- C. Fish oil
- D. Oral estrogens
- E. Glucocorticoids

Correct Answer: C

Agents that can cause elevated triglycerides: oral estrogens, glucocorticoids, bile acid sequestrants, protease inhibitors, retinoic acid, anabolic steroids, sirolimus, raloxifene, tamoxifen, beta blockers (not carvedilol), and thiazides.

QUESTION 11

LN is 84 YOM who is in hospital for a back surgery. His height is 5 feet and 4 inches, weight 85 kg and NKDA.

His past medical history includes hypertension, diabetes mellitus, major depression, hypothyroidism and chronic back pain. Post-op day 1, LN's medication includes Dexamethasone 8 mg iv q6h with taper dosing, Ondansetron 4 mg iv q6h prn for N/V, Levothyroxine 0.075 mg po daily, Lisinopril 10 mg po daily, Citalopram 20 mg po daily, Docusate sodium / Senna 1 tab po twice a day, Bisacodyl 10 mg suppository daily prn for constipation, Famotidine 20 mg iv q12hr, Metoclopramide 10 mg iv q6h, Metformin 500 mg po bid, D51/2NS with 20K at 125mls/hour and Hydromorphone PCA at 0.2 mg/hour of basal rate, demand dose 0.1 mg. lock-out every 6min, one hour limit 2.2 mg/hour. Pertinent morning labs includes serum creatinine 1.4 mg/dl, Mg 1.5 mg/dl, K 5.0 mmol/L, Na 135 mmol/L.

Which of the following medication may significantly cause QT prolongation?

- A. Lisinopril
- B. Levothyroxine
- C. Metformin
- D. Hydromorphone
- E. Citalopram

Correct Answer: E

Celexa causes dose-dependent QT interval prolongation, which can cause Torsades de Pointes, ventricular tachycardia, and sudden death. Celexa is not recommended for use at doses greater than 40 mg per day because such doses cause too large an effect on the QT interval and confer no additional benefit. Celexa should be discontinued in patients found to have persistent QTc measurements greater than 500 ms. Ondansetron and Famotidine may cause QT

prolongation. Ondansetron may cause QT prolongation. However, this would be dose-dependent. Doses greater than 16 mg of Ondansetron IV are no longer recommended due to an increased risk of QT prolongation. Famotidine may prolong the QT interval; this has been reported in those with renal dysfunction. There have also been reports of torsade de pointes. Use of all three medications may result in an arrhythmia occurring since both have the potential to prolong the QT interval. Therefore, close monitoring is recommended or discontinuation of one medication. The other medications listed do not have this warning/precaution.

QUESTION 12

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

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

- A. Increase chlorthalidone to 25mg daily
- B. Add Norvasc 2.5 daily
- C. Add Lisinopril 5mg daily
- D. Add hydrochlorothiazide 25mg daily
- E. Add Lisinopril 20mg daily

Correct Answer: B

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

Reference: <http://jamanetwork.com/journals/jama/fullarticle/1791497>