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Family Name	
Given Names	
Student Number	
Teaching Period	Semester 1, 2017

FINAL EXAMINATION	DURATION
PHA405 – Therapeutics A	Reading Time: 10 minutes
	Writing Time: 180 minutes

INSTRUCTIONS TO CANDIDATES

There are **TWO** sections for this paper.

Section A contains 50 multiple choice questions. Answer all questions. Total number of marks allocated for this section: 50. Suggested time allocation: 120 minutes.

This section should be answered on the Answer Booklet provided

Section B contains 20 short answer questions. Answer all questions. Total number of marks allocated for this section: 50. Suggested time allocation: 60 minutes.

This section should be answered on the Answer Booklet provided

EXAM CONDITIONS

You may begin writing from the commencement of the examination session. The reading time indicated above is provided as a guide only.

This is a CLOSED BOOK examination

No calculators are permitted

No handwritten notes are permitted

No dictionaries are permitted

ADDITIONAL AUTHORISED MATERIALS	EXAMINATION MATERIALS TO BE SUPPLIED
No additional printed material is permitted	1 x 20 Page Book 1 x Scrap Paper

**THIS EXAMINATION IS PRINTED
DOUBLE-SIDED**

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Section B

Short Answer Questions

Total No of Marks for this section: **50**

This section should be answered in the Answer Booklet provided.

Marks for each question are indicated. **Suggested Time allocation** for Section B: **60 mins**

Question 1

What are clinical effects of insulin resistance on glucose production and uptake by the liver?

(Marks: 3)

Question 2

Whose patients are more likely to develop hypoglycaemia, those with T1DM or T2DM and why?

(Marks: 3)

Question 3

What medication is the first line therapy for T2DM and T2DM associated with metabolic syndrome?

(Marks: 2)

Question 4

What measures should be implemented to improve urine output with loop diuretics therapy?

(Marks: 4)

Question 5

Which ACEI is recommended as an initial therapy for patients at risk for acute kidney injury?

(Marks: 2)

Question 6

What is the first-line therapy for osteoporosis in both sexes?

(Marks: 1)

Question 7

Patients with chronic kidney disease who have nocturia, sodium retention, sodium and volume overload are at high risk to develop which pathological condition?

(Marks: 2)

Question 8

Hyperkalemia develops when glomerular filtration rate falls below.....% of normal.

(Marks: 1)

Question 9

How is called metabolic disorder triggered by rapid cell destruction, usually during chemotherapy treatment for cancer, associated with several electrolyte disturbances, notably hyperuricemia?

(Marks: 2)

Question 10

Which sodium-potassium exchange resin is proposed for hyperkalemia treatment in CKD?

(Marks: 2)

Question 11

According to the NYHA classification what does class III include?

(Marks: 3)

Question 12

What types of vaccines are preferred in patients with COPD?

(Marks:2)

Question 13

What diagnostic tool is commonly used to establish cystic fibrosis through newborn screening program?

(Marks:2)

Question 14

Why dual-antiplatelet therapy beyond one year after coronary stenting with drug-eluting stents is not recommended?

(Marks:3)

Question 15

Why are patients after coronary stenting with drug-eluting stents required to receive statins and dual-antiplatelet therapy?

(Marks: 3)

Question 16

Why are patients diagnosed with acute coronary syndrome required to have loading doses of anti-platelet therapy?

(Marks: 3)

Question 17

What is the main cause of death after acute myocardial infarction?

(Marks: 2)

Question 18

If PCI is not feasible for acute myocardial infarction, within which period of time is fibrinolytic therapy recommended as a therapeutic option?

(Marks: 3)

Question 19

What are the beneficial clinical effects of beta-blockers in the treatment of heart failure?

(Marks: 4)

Question 20

What is the mechanism of action of beta2-adrenergic agonist in the treatment of asthma?

(Marks: 3)

END OF SECTION B

END OF EXAMINATION