## **Analgesics/Toxicology MCQs**

#### 1. Regarding paraquat poisoning

- a. The interval between ingestion and death is usually hours because of immediate pulmonary toxicity
- b. Mechanism of action involves single electron oxidation of the herbicide to free radical species
- c. Probable human lethal dosage is 50-500mg/kg
- d. Oxygen high flow stops the pulmonary lesions occurring
- e. Paraquat doesn't affect hepatic or renal functions

### 2. Regarding NSAIDs

- a. Piroxicam has a half life of >50 hours
- b. Aspirin reversibly inhibits COX
- c. Diclofenac is a selective COX<sub>1</sub> inhibitor
- d. Indomethacin is relatively free of adverse side effects
- e. Ibuprofen is predominantly excreted unchanged in the urine

#### 3. Regarding paracetamol (acetaminophen)

- a. Less than 5% is excreted unchanged
- b. Acetaminophen has no anti-inflammatory properties
- c. The half life of paracetamol is 2-3 hours
- d. Haemolytic anaemia has rarely been noted with paracetamol
- e. All of the above are true

#### 4. Regarding lead toxicity

- a. Lead can induce an anaemia that is macrocytic
- b. Young children absorb about 10% of ingested inorganic lead
- c. Lead induced peripheral neuropathy often involves upper limb extensors resulting in wrist drop
- d. High dose organic lead poisoning usually results in severe pneumonitis
- e. All patients with elevated blood lead levels should have chelation treatment whether symptomatic or not

#### 5. Regarding agents used to treat gout

- a. As little as 8mg of colchicine taken over 24 hours may be fatal
- b. Allopurinol is a xanthine oxidase stimulator
- c. Probenecid is an organic alkaline substance
- d. Colchicine may precipitate acute attacks of gout
- e. Aspirin is effective against gout as it inhibits urate crystal phagocytosis

- 6. All of the following may be seen in organophosphate poisoning EXCEPT
  - a. Salivation
  - b. Tachycardia
  - c. Fibrillation of muscle fibres
  - d. Bronchospasm
  - e. Vomiting
- 7. Regarding aspirin
  - a. The average anti-inflammatory dose of aspirin is 0.6g up to 4 hourly
  - b. Aspirin's main side effect at usual doses is rash
  - c. Aspirin's antiplatelet effect lasts 8 10 days
  - d. At low toxic doses respiratory acidosis may occur
  - e. Aspirin has a pka of 4.5
- 8. The main mechanism of action of colchicine is
  - a. Inhibition of polymorphonuclear leucocytes
  - b. Inhibition of synoviocyte phagocytosis
  - c. Reduced formation of leukotriene D4
  - d. Inhibition of mononuclear phagocytes
  - e. Decreasing the body pool of urate
- 9. Aspirin inhibits all of the following EXCEPT
  - a. Cyclo oxygenase
  - b. Recurrent miscarriages
  - c. Protacyclin synthesis
  - d. Kallikrein system
  - e. Lipo oxygenase
- 10. Acetaminophen (paracetamol) can undergo all of the following biotransformation reactions EXCEPT
  - a. Deamination
  - b. N-oxidation
  - c. Glucuronidation
  - d. Sulphation
  - e. Glutathione conjugation
- 11. Aspirin
  - a. Is hydrolysed to acetone and salicylate
  - b. Exhibits first order kinetics with elimination in low doses
  - c. Is mostly conjugated by the liver and excreted in the bile
  - d. Reversibly blocks the cyclooxygenase enzyme
  - e. Causes an immediate doubling of bleeding time

- 12. Regarding NSAIDs
  - a. At high doses diclofenac demonstrates zero order kinetics
  - b. Aspirin is a reversible inhibitor of cyclooxygenase
  - c. Aspirin at doses of <2q/day reduces uric acid levels
  - d. All NSAIDs can be found in synovial fluid after repeated dosing
  - e. Use of ibuprofen and aspirin together increases the anti inflammatory effect
- 13. The metabolic pathway of detoxification that becomes increasingly important in paracetamol toxicity is
  - Conjugation with glucuronide
  - b. Oxidation
  - c. Reduction
  - d. Cytochrome p-450 dependent glutathione conjugation
  - e. Methylation
- 14. Which of the following NSAIDs has a t1/2 of about 1 hour
  - a. Diclofenac
  - b. Naproxen
  - c. Piroxicam
  - d. Indomethacin
  - e. Ibuprofen
- 15. Which of the following symptoms of aspirin toxicity occurs at plasma salicylate concentrations of 100mg/dl?
  - a. Tinnitus
  - b. Vasomotor collapse
  - c. Metabolic acidosis
  - d. Gastric intolerance
  - e. Renal failure
- 16. All of the following drugs can cause a wide anion gap metabolic acidosis EXCEPT
  - a. Lithium
  - b. Methanol
  - c. Cyanide
  - d. Salicylates
  - e. Isoniazid
- 17. Which of the following drug overdoses may be amenable to the elimination technique of haemodialysis
  - a. Calcium channel blockers
  - b. Benzodiazepines
  - c. Valproate
  - d. Quinidine
  - e. Opioids

- 18. Which of the following antidote drug pairings is INCORRECT
  - a. Acetaminophen  $\rightarrow$  n-acetyl cysteine
  - b.  $\beta$  blockers  $\rightarrow$  glucagon
  - c. Opioids  $\rightarrow$  naloxone
  - d. Benzodiazepines  $\rightarrow$  Flumazenil
  - e. Tricyclic antidepressants → physostigmine
- 19. Regarding carbon monoxide poisoning
  - a. CO has an affinity for Hb that is about 2000 times that of oxygen
  - b. Hyperbaric oxygen is indicated as a treatment for all patients with CO Hb levels >20%
  - c. The average concentration of CO in the atmosphere is about 0.1ppm
  - d. With room air at 1atm the elimination half time of CO is about 80 minutes
  - e. The foetus is resistant to the effects of CO exposure
- 20. "Erethism" is seen in which of the following intoxications
  - a. Lead
  - b. Mercury
  - c. Arsine gas
  - d. Penicillamine
  - e. Arsenic
- 21. All of the following are NSAIDs EXCEPT
  - a. Sulindac
  - b. Piroxicam
  - c. Gemfibrozil
  - d. Ketorolac
  - e. Diflunisal
- 22. Drugs which enhance other drug metabolism include all of the following EXCEPT
  - a. Rifampicin
  - b. Ketoconazole
  - c. Phenobarbital
  - d. Griseofulvin
  - e. Phenytoin
- 23. Which of the following has a high extraction ratio
  - a. Trimethoprim
  - b. Valproic acid
  - c. Lignocaine
  - d. Metronidazole
  - e. Diazepam

- 24. Heparin and protamine used together is an example of
  - a. Physiologic antagonism
  - b. Chemical antagonism
  - c. Partial agonism
  - d. Irreversible antagonism
  - e. Agonal agonism
- 25. The half life of a drug with a Vd of 200ml/70kg and clearance of 10ℓ/hr/70kg is
  - a. 10 hours
  - b. 14 hours
  - c. 20 hours
  - d. 40 hours
  - e. Indeterminate

# **Analgesics/Toxicology MCQs - Answers 1 July 2004**

- 1. c
- 2. a
- 3. e
- 4. c
- 5. a
- 6. b
- 7. c
- 8. a
- 9. e
- 10. a
- 11. b
- 12. d
- 13. d
- 14. a
- 15. c
- 16. a
- 17. c
- 18. e
- 19. c
- 20 b
- 21. c
- 22. b
- 23. c
- 24. b
- 25. b