

ANALGESICS AND ANTI-INFLAMMATORIES

1. Regarding aspirin
 - a. It is a selective inhibitor of COX II
 - b. It is a base
 - c. It is slowly absorbed in the ileum
 - d. It blocks the CNS response to IL-1
 - e. Its actions on platelet aggregation is reversible

2. Regarding the opioid receptor which is false
 - a. They are closely linked to the cAMP system
 - b. Analgesia at a supraspinal level results principally from kappa receptors
 - c. They are highly concentrated in the dorsal horn of the spinal cord
 - d. They may be involved in pain modulation
 - e. Sigma receptors are related to the hallucinogenic effects

3. regarding NSAIDS
 - a. at high doses aspirin demonstrates first order kinetics
 - b. aspirin is a reversible inhibitor of COX
 - c. aspirin at doses $< 2\text{g/d}$ 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

4. the main mechanism of colchicines is
 - a. inhibition of PMN
 - b. inhibition of synoviocyte phagocytosis
 - c. reduced formation of LTD_4
 - d. inhibition of mononuclear phagocytes
 - e. decreasing the body pool of urate

5. NSAIDS
 - a. Act by decreasing cAMP via inhibition of prostacyclin
 - b. Are not useful in reducing the slow releasing substances of anaphylaxis
 - c. May cause interstitial nephritis and hypokalaemia
 - d. Have anti-inflammatory action by inhibiting COX – 1
 - e. Are weak acids and are largely absorbed in the stomach

6. celecoxib
 - a. 5-10% protein bound
 - b. a sulphonamide
 - c. only indicated for acute inflammation
 - d. not inhibitory to COX-1
 - e. is primarily metabolized by the kidney

7. paracetamol
 - a. has no significant anti-inflammatory effects
 - b. has no pharmacologically active metabolites even in high doses
 - c. 25% is excreted unchanged
 - d. half life is 12-14 hours
 - e. increases uric acid levels significantly

8. regarding aspirin
 - a. it is a selective inhibitor of COX 2
 - b. it is a base
 - c. it is slowly absorbed in the ileum
 - d. it blocks the CNS response to IL 1
 - e. its action on platelet aggregation are reversible

9. OD of salicylates lead to all of the following except
 - a. Tinnitus
 - b. Marked hyperventilation
 - c. Increased metabolic rate
 - d. N & V
 - e. Metabolic alkalosis

10. Regarding NSAIDS
 - a. They commonly cause psychosis
 - b. They may impair the hypotensive effects of ACE inhibitors
 - c. About 50% of patients develop adverse effects from aspirin
 - d. Misoprostol is contraindicated with NSAIDs
 - e. Sulindac is less gastro-irritative than aspirin

11. Which of the following is true of aspirin
 - a. There is more of the unionized form in acid environment
 - b. It inhibits lipooxygenase
 - c. At normal analgesic doses it decreases plasma uric acid levels
 - d. In OD there is initial metabolic acidosis
 - e. It decrease the effect of tolbutamide

12. aspirin
 - a. decreases plasma levels of phenytoin
 - b. increases the activity of spironolactone
 - c. will cause penicillin G level in plasma to reduce
 - d. inhibits the uricosuric effect of probenecid
 - e. toxicity will be enhanced by acetazolamide

13. the toxic effect of paracetamol
- can be avoided using cimetidine to inhibit cytochrome P450 system
 - are always evident with doses of 150mg/kg and greater
 - in chronic OD are less likely than in acute OD
 - include neurotoxicity resulting in personality changes
 - occur because sulfation/glucuronidation pathways and metabolism are saturable
14. Celecoxib
- Is a IIa/IIIb antagonist
 - Has a high affinity for the COX 1 receptor
 - Inhibits PG synthesis in the stomach and SI
 - Has minimal antiplatelet action
 - Is beneficial in secondary stroke prevention
15. The heteroacetyl acetic group of NSAIDs include all except
- Tolmetin
 - Sulindac
 - Diclofenac
 - Ketoralac
16. colchicine
- arrests cell mitosis in anaphase
 - causes the release of HA from mast cells
 - inhibits the movement of melanin granules in melanophores
 - is mainly excreted in the urine
 - should never be administered IV
17. All are NSAIDS except
- Sulindac
 - Piroxicam
 - Gemfibrozil
 - Ketorolac
 - Diflunisal
18. dextropropoxyphene
- is structurally related to methadone

ANSWERS

1. D
2. B
3. D
4. A
5. B?
6. B?
7. A
8. D
9. E
10. B
11. A
12. D ?+E
13. E
14. D
15. D
16. A
17. C
18. -