ASSESSMENT OF 30 MCQs

FPSC No : 68
MCQS ON CARDIOVASCULAR DISORDERS 2
Submission DEADLINE: : 28 FEBRUARY 2017, 12 NOON

INSTRUCTIONS

- **To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal (www.cfps2online.org)**
- **Attempt ALL the following multiple choice questions.**
- **There is only ONE correct answer for each question.**
- **The answers should be submitted to the College of Family Physicians Singapore via the College Online Portal before the submission deadline stated above.**

1. Based on the artery-size hypothesis for the sequential development of erectile dysfunction and coronary artery disease, the size of the penile arteries are:

A. 1–2mm.
B. 3–4mm.
C. 5–6mm.
D. 7–8mm.
E. 9–10mm.

2 The most important drug to use in patients with severe gout is

A. Indomethacin.
B. Etoricoxib.
C. Diclofenac.
D. Allopurinol.
E. Prednisolone.

3. Diet and exercise are key pillars in the manage ment of DM patients because:

A. Reducing intake of red meat will raise the HDL-C.
B. Exercise will reduce the LDL-C by 20 percent.
C. Reducing the carbohydrate intake will reduce the glucose and LDL-C.
D. Exercise can raise the HDL-C and the TG.
E. Good dietary intervention can reduce the LDL-C by 10–20 percent.

4. In the physiology of erection, nitric oxide leads to:

A. Relaxation of the cavernous smooth muscle.
B. Decreased blood flow to the corpus cavernosum.
C. Increased blood flow to the efferent veins.
D. Contraction of the cavernous smooth muscle.
E. Increase cAMP in the cavernous smooth muscle.

5. In a 62-year-old patient with type 2 DM and urinary albumin excretion (UACR) of 135 mg/g (normal < 30mg/g) and clinic BP of 135/70 mmHg, what is the best management plan?

A. Start Losartan and titrate up
B. Start Spironolactone and ARB as combination
C. Start low-protein diet.
D. Target SBP < 120
E. There is no need presently for any anti-hypertensive

6. Which of the following is not true about patients with Osteoarthritis?

A. They tend to be older.
B. They have significant inflammation in the joints.
C. They are more prone to gastrointestinal side effects of NSAIDs.
D. They are more prone to cardiovascular side effects.
E. All of the above.

7. Approximately what percentage of AMI is accounted for by 9 reversible risk factors in the INTERHEART Study?

A. About 30%.
B. About 50%.
C. About 70%.
D. About 90%.
E. About 99%.

8. Which of the following is not a CVD equivalent?

A. Peripheral artery disease.
B. Type 2 diabetes.
C. Previous stroke or TIA.
D. Previous or current angina.
E. Abdominal aortic aneurysm.

9. Compared to other NSAIDs and coxibs, celecoxib has the following advantage

A. It has less upper-GI side effects.
B. It has less lower-GI side effects.
C. It is cheaper.
D. It is more convenient to take.
E. It is more effective.

10. According to the 2013 ACC/AHA guideline on assessment of CV risk, when and how often should assessment for traditional CV risk factors be carried out?

A. From 40 years of age, every 3–5 yearly.
B. From 30 years of age, every 4–6 yearly.
C. From 20 years of age, every 4–6 yearly.
D. From 18 years of age, every 3–5 yearly.
E. From 25 years of age, every 2–3 yearly.

11. The SPRINT trial had the following study population except:

A. Patient aged 50 years and older.
B. Patients without DM.
C. Patients with high risk of CV disease including stroke and heart failure.
D. Patients with CKD stage 3 and 4.
E. Patients with 10-year Framingham score ≥ 15%

12. Which of the following cardiovascular factor is considered low-risk for sexual activity?

A. Moderate angina.
B. NYHA Class II.
C. Post-successful coronary revascularization.
D. Hypertrophic obstructive cardiomyopathy.
E. Recent MI <6 weeks.

13. Which of the following tests is not considered a first-line evaluation for all men with erectile dysfunction?

A. Fasting glucose.
B. Exercise stress test.
C. Total testosterone.
D. Serum creatinine.
E. Fasting lipids.

14. The following were significantly increased in the intensive treatment arm of the SPRINT trial except:

A. Syncope.
B. Bradycardia.
C. Acute kidney injury.
D. Hyponatremia.
E. Hypokalemia

15. The adverse effects of statin therapy are as follows:

A. Deterioration of glycaemic control in DM patients.
B. Haemorrhagic strokes in 5-10 percent of patients.
C. The myopathy is irreversible even when the statin therapy is stopped.
D. Statin therapy over 5 years resulted in 0.05 percent of patients with myopathy.
E. Earlier onset of dementia.

16. Which of the following are reversible risk factors of CVD?

A. Physical activity level, family history.
B. Age, daily consumption of fruits and vegetables.
C. Gender, excessive alcohol consumption.
D. Smoking, hypertension, stress.
E. Ethnic group, diabetes.

17. The benefits of statin therapy are dependent on the individual's absolute atherosclerotic risk. Therefore:

A. All DM patients should be classified as coronary risk equivalent.
B. DM patients without pre-existing CVD but with elevat ed LDL-C (<2.6 mmol/l) will not benefit from statin therapy.
C. DM patients with chronic kidney disease should have aggressive lipid-lowering therapy.
D. Statin therapy will not lower cardiovascular events in DM patients with pre-existing CVD.
E. They should have lipid panel screened only if they have pre-existing CVD.

18. In the CNT trial, the following drug had the most favourable profile for CV risk

A. Naproxen.
B. Etoricoxib.
C. Diclofenac.
D. Ibuprofen.
E. Piroxicam.

19. The principles of lipid-lowering therapy in DM patients are as follows:

A. Statin therapy is first-line therapy in those with elevated LDL-C (>2.6 mmol/l)
B. Fibrates can be used as an alternative first line therapy in those with LDL-C >2.6 mmol/l
C. Statins must never be used in combination with fibrates.
D. Elevated TG (>4.5 mmol/l) does not need treatment with fibrates since it has not been shown does not reduce CVD risk.
E. Ezetimibe should not be added to statin therapy if LDL-C is not reached since there is no evidence that it reduces cardiovascular events.

20. For patients with osteoarthritis who have both high GI and CV risks, the best strategy is to

A. Use a selective COX2 inhibitor.
B. Use naproxen.
C. Use diclofenac.
D. Avoid NSAIDs or coxibs if possible.
E. Use ibuprofen.

21. Which of the following are considered risk factors for both erectile dysfunction and cardiovascular disease?

A. Diabetes mellitus.
B. Smoking.
C. Testosterone deficiency syndrome.
D. Obesity.
E. All of the above.

22. The ABPM has the following advantage over HBPM except:

A. It can show night-time dipping pattern.
B. It allows high frequency BP measurement to better assess variability.
C. It helps detect early morning BP surge.
D. It allows the diagnosis of white-coat hypertension to be made.
E. It can evaluate dipping pattern.

23. Which of the following patient has a diagnosis of hypertension according to the ESH-ESC 2013 guidelines:

A. Clinic BP of SBP 137 and DBP 83.
B. HBPM with average SBP 127 and DBP 73.
C. 24hr ABPM with average SBP of 127 and DBP 73.
D. Average night-time BP of 127 and DBP 73.
E. Average ABPM day-time SBP 133 and DBP 83

24. Which non-traditional risk markers may be considered when a risk-based decision is uncertain after quantitative risk assessment?

A. Family history, CAC, ABI.
B. Apo-B, hsCRP, CKD.
C. Albuminuria, cardiorespiratory fitness, CAC.
D. CAC, hsCRP, CKD.
E. Lp(a), hsCRP, proBNP.

25. The following statement regarding diabetic patients in Singapore is true when compared with DM patients elsewhere.

A. They develop coronary events at an earlier age.
B. Almost 60 percent die as a consequence of cardiovas cular disease.
C. They do not respond well to lipid lowering therapy.
D. The lipid profile is an isolated high triglyceride.
E. They are more likely to develop myopathy with statin therapy.

26. Which of the following is not true regarding Char cot's joint?

A. Occurs when diabetic nerve damage causes a joint to break down
B. Commonly affects feet and ankles of patients with diabetes
C. The affected joint must be kept mobile to prevent further damage
D. Early diagnosis and intervention can prevent further damage
E. Spirometric diagnosis.

27. Which of the following is true regarding nociceptive pain?

A. Caused by an inflammatory response to an overt tissue-damaging stimulus
B. Described as shooting, electric shock-like, burning – commonly associated with tingling or numbness
C. Occurs in the neurological territory of the affected structure
D. Almost always associated with a chronic condition
E. Responds poorly to conventional analgesics

28. Which of the following is not true regarding neuropathic pain?

A. Described as shooting, electric shock-like, burning – commonly associated with tingling or numbness
B. Occurs in the neurological territory of the affected structure
C. The painful region is always same as the site of injury
D. Almost always associated with a chronic condition
E. Responds poorly to conventional analgesics

29. How long does pain have to remain for it to be considered chronic?

A. >1 month
B. >12 months
C. >9 months
D. >4 months
E. >3 months

30. A 60 year old man suffered of in and needles in the legs, ataxia and glove and stocking sensation. What is the diagnosis?

A. Diabetic Amyotrophy
B. Guillain–Barré syndrome
C. Vitamin B 12 deficiency
D. Diabetic neuropathy
E. Charcot-Marie-Tooth Disease