03/24

## The West Bengal University of Health Sciences MBBS 2nd Professional Examination (New Regulation) March - April 2024

Subject: Pharmacology

Paper: I

Full Marks: 100 Time: 3 hours

Attempt all questions. The figures in the margin indicate full marks.

1. a) A 40 year old farmer presented with excessive salivation, lacrimation and drowsiness and diagnosed to be a case of organophosphorus poisoning.

i) How will you manage the case?

ii) Write the antidote and its mechanism of action.

iii) What are the uses of Atropine substitutes?

- iv) Role of cholinesterase reactivator in organophosphorus poisoning?
- b) A man age 45 year presented with complains of gradual onset double vision, drooping eye lid, difficulty in swallowing food and weakness of limbs which is accentuated with exercise. The symptoms fluctuate in intensity over time.

i) What is your diagnosis of the given case scenario?

ii) What pharmacological test can be performed to confirm the diagnosis?

iii) What is the primary pathophysiological mechanism underlying this condition?

- iv) Outline the principles for treatment including pharmacological and non-pharmacological interventions of the above mention scenario.
- v) Explain why neostigmine is preferred over physostigmine for management of such condition.
- a) Classify diuretics. Describe the mechanism of action of furosemide in chronic heart failure. Mention three important adverse effects of long term use of thiazide diuretics.
  - b) A 8 year old child presented with severe pallor and huge splenomegaly. He has history of repeated blood transfusion for beta thalassemia major.
  - i. What are the iron chelating agents used to manage the iron overload in this condition and their side effects?
  - ii. What is the role of folic acid in beta thalassemia?

iii. Mention the uses of penicillamine.

- c) Define drug clearance. Write down the factors influence drug clearance. Mention two pharmacokinetic parameters which depend on clearance with suitable explanations.
- Write short notes on following:

 a) Convey of bad news to patient. b) Therapeutic adherence.

 $2 \times 5$ 

4. Explain the following statements:

a) Ticagrelor is preferred as antiplatelet drug over clopidogrel.

5 x 4

b) Pilocarpine is used in both open angle and angle closure glaucoma.

- Aspirin use may precipitate an attack of bronchial asthma in susceptible individual.
- d) Adrenaline but not noradrenaline is the drug of choice in anaphylactic shock.
- e) Pralidoxime is not used in carbamate poisoning.

	10 x 1
5. Choose the correct option for each of the	following:
i) Dabigatran is:	
a) Direct factor Xa inhibitor	
<ul> <li>b) Direct thrombin inhibitor</li> </ul>	
c) Gp IIIb/IIa inhibitor	
	and the incompanies except
m 1 delivery eystems	s offer the following advantages except:
They produce high peak plasm	a concentration of the drug.
<ul> <li>They produce smooth and non</li> </ul>	-fluctuating plasma concentration of drug.
The minimise inter-interval v	anations in the delite.
:::) A portial agonist can antagonize tr	ie effects of a full agoinst occurrent
High affinity but low intrinsic	activity
<ul> <li>Low affinity but high intrinsic</li> </ul>	activity
No affinity but low intrinsic a	ctivity
iv)The antianginal drug which acts b	y inhibiting initocholidrial folig chains
enzyme in fatty acid oxidation pathw	/ay is:
a) Ivabradine	
b) Dipyridamole	
c) Nicorandil	
d) Trimetazidine	. What should be the rate of rise of Hb
<ul> <li>v) Patient of iron deficiency anemia</li> </ul>	is put on iron therpy. What should be the rate of rise of Hb
level so that response is considered	adequate
<ul> <li>a) 0.05 to 0.1 gm/dl per week</li> </ul>	
b) 0.1 to 0.2 gm/dl per week	
c) more than 1 gm/dl per week	
d) 0.5 to 1 gm/dl per week	to an addid infarction is:
vi) Drug which is contraindicated in	acute myocardiai infarction is.
a) Morphine	b) Nitroglycerine
c) Beta blocker	d) Pentazocine
vii) Which of the following is produ	rug:
a) Omeprazole	b) Enalapin
-) Amirin	d) Atenolo
viii) Calcium disodium edetate is v	ery effective in poisoning by.
a) Arsenic	b) Mercury
c) Lead	d) Bismuth
<ul> <li>ix) Bronchodilator action, but is co</li> </ul>	mmonly present in proprietary cough formulations :
a) Ambroxol	
b) Chlorpheniramine	
c) Guaifenesin	
d) Noscapine	· · · · · · · · · · · · · · · · · · ·
x) Which PG is responsible for Ni	acin induced Husning:
a) PGE1	b) PGF2alpha

d) PGE2

a) PGE1

c) PGD2