

Test Bank Pharmacotherapeutics for Advanced Practice Nurse Prescribers 6e Teri Moser Woo

Woo
Pharmacotherapeutics for APN Prescribers, 6e

1
Ch01

Chapter 1. The Role of the Advanced Practice Nurse as Prescriber

MULTIPLE CHOICE

1. Nurse practitioner prescriptive authority is regulated by:
 - A. The National Council of State Boards of Nursing
 - B. The U.S. Drug Enforcement Administration
 - C. The State Board of Nursing for each state
 - D. The State Board of Pharmacy

ANS: C PTS: 1

2. The benefits to the patient of having an advanced practice registered nurse (APRN) prescriber include:
 - A. Nurses know more about pharmacology than other prescribers because they take it both in their basic nursing program and in their APRN program.
 - B. Nurses care for the patient from a holistic approach and include the patient in decision-making regarding their care.
 - C. APRNs are less likely to prescribe narcotics and other controlled substances.
 - D. APRNs are able to prescribe independently in all states, whereas a physician's assistant needs to have a physician supervising their practice.

ANS: B PTS: 1

3. Clinical judgment in prescribing includes:
 - A. Factoring in the cost to the patient of the medication prescribed
 - B. Always prescribing the newest medication available for the disease process
 - C. Handing out drug samples to poor patients
 - D. Prescribing all generic medications to cut costs

ANS: A PTS: 1

4. The process for choosing an effective drug for a disorder includes:
 - A. Asking the patient what drug they think would work best for them
 - B. Consulting nationally recognized guidelines for disease management
 - C. Prescribing medications that are available as samples before writing a prescription
 - D. Following U.S. Drug Enforcement Administration guidelines for prescribing

ANS: B PTS: 1

5. Nonintentional nonadherence of drug therapy may occur due to:
 - A. Belief that medication does not work
 - B. Adverse drug reactions
 - C. Chronic conditions that require daily therapy
 - D. Forgetfulness or distraction

ANS: D PTS: 1

Chapter 4. Legal and Professional Issues in Prescribing

MULTIPLE CHOICE

1. The U.S. Food and Drug Administration regulates:
- A. Prescribing of drugs by medical doctors (MDs) and nurse practitioners (NPs)
 - B. The official labeling for all prescription and over-the-counter drugs
 - C. Off-label recommendations for prescribing
 - D. Pharmaceutical educational offerings

ANS: B PTS: 1

2. U.S. Food and Drug Administration approval is required for:
- A. Medical devices, including artificial joints
 - B. Over-the-counter vitamins
 - C. Herbal products, such as St. John's Wort
 - D. Dietary supplements, such as Ensure

ANS: A PTS: 1

3. An investigational new drug is filed with the U.S. Food and Drug Administration:
- A. When the manufacturer has completed phase III trials
 - B. When a new drug is discovered
 - C. Prior to animal testing of any new drug entity
 - D. Prior to human testing of any new drug entity

ANS: D PTS: 1

4. Phase IV clinical trials in the United States are also known as:
- A. Human bioavailability trials
 - B. Postmarketing research
 - C. Human safety and efficacy studies
 - D. The last stage of animal trials before the human trials begin

ANS: B PTS: 1

5. Off-label prescribing is:
- A. Regulated by the U.S. Food and Drug Administration
 - B. Illegal for NPs in all states and provinces
 - C. Legal if there is scientific evidence for the use of the drug
 - D. Regulated by the Drug Enforcement Administration

ANS: C PTS: 1

6. The U.S. Drug Enforcement Administration:
- A. Registers manufacturers and prescribers of controlled substances
 - B. Regulates NP prescribing at the state level
 - C. Sanctions providers who prescribe drugs off-label

- A. Spinach
- B. Milk
- C. Romaine lettuce
- D. Cauliflower

ANS: A PTS: 1

13. The American Dietetic Association has recommended the use of specific nutritional supplements in the following population(s):
- A. 400 IU per day of vitamin D in all infants and children
 - B. 1,000 IU per day of vitamin D for all pregnant women
 - C. 60 mg per day of iron for all adults over age 50 years
 - D. All of the above

ANS: A PTS: 1

14. The American Dietetic Association recommends pregnant women take a supplement including:
- A. 1,000 IU daily of vitamin D
 - B. 2.4 mcg/day of vitamin B₁₂
 - C. 600 mcg/day of folic acid
 - D. 8 mg/day of iron

ANS: C PTS: 1

15. The American Heart Association and the American Dietetic Association recommend a minimum daily fiber intake of ____ for cardiovascular health.
- A. 10 mg/day
 - B. 15 mg/day
 - C. 20 mg/day
 - D. 25 mg/day

ANS: D PTS: 1

16. Which of the following vitamin or mineral supplements may be teratogenic if a pregnant woman takes more than the recommended amount?
- A. Iron
 - B. Vitamin A
 - C. Vitamin B₆
 - D. Vitamin C

ANS: B PTS: 1

17. Vitamin B₂ (riboflavin) may be prescribed to:
- A. Decrease the incidence of beriberi
 - B. Reduce headaches and migraines
 - C. Prevent pernicious anemia
 - D. Treat hyperlipidemia

- A. There is no strong evidence that cannabinoids are better than standard therapies.
- B. Oral formulations are safer than inhaled formulations.
- C. Best practices suggest use as a part of multi-modal regimen.
- D. Long-term consequences are not a concern with appropriate use.

ANS: C PTS: 1

18. A patient asks about the use of medical cannabinoids for treatment of his Tourette syndrome. He has not had good results with traditional medications and read an article online about this treatment. Which of the following is the most appropriate reply?
- A. There are no clear adverse effects.
 - B. It is unclear if it helps, but it will not hurt.
 - C. There is limited evidence of efficacy with capsules.
 - D. Medical cannabinoids are not approved for Tourette syndrome.

ANS: C PTS: 1

19. When counseling a patient about the use of medical cannabinoids for PTSD, the NP advises that it has some demonstrated utility with all of the following symptoms except:
- A. General well-being
 - B. Nightmares
 - C. Reexperiencing events
 - D. General clinical status

ANS: C PTS: 1

20. The most compelling evidence supports the use of medical cannabinoids in all of the following conditions except:
- A. Chemotherapy-induced nausea and vomiting
 - B. Epilepsy
 - C. Chronic pain
 - D. Insomnia

ANS: C PTS: 1

33. Which of these drugs is considered as a treatment for hypertension in women during pregnancy?
- A. Atenolol
 - B. Methyldopa
 - C. Guanfacine
 - D. None of the above

ANS: B PTS: 1

34. Which class of drugs has off-label uses for ureteral stones?
- A. Selective α_1 antagonists
 - B. Nonselective antagonists
 - C. Beta-adrenergic antagonists
 - D. Cholinergic agonists

ANS: A PTS: 1

35. Which of these hypertension drugs has also been approved for the treatment of attention deficit-hyperactivity disorder (ADHD)?
- A. Guanabenz
 - B. Clonidine
 - C. Lisinopril
 - D. Doxazosin

ANS: B PTS: 1

- B. Does not produce a dry, hacking cough
- C. Has no effect on the renal system
- D. Reduces sodium and water retention

ANS: B PTS: 1

6. While taking an ARB, patients need to avoid certain over-the-counter drugs without first consulting the provider because:
- A. Cimetidine is metabolized by the CYP3A4 isoenzymes.
 - B. Nonsteroidal anti-inflammatory drugs reduce prostaglandin levels.
 - C. Both A and B
 - D. Neither A nor B

ANS: C PTS: 1

7. Laboratory monitoring for patients on ACE inhibitors or ARBs should include:
- A. White blood cell counts with the drug dosage increased for elevations above 10,000 feet
 - B. Liver function tests with the drug dosage stopped for alanine aminotransferase values twice that of normal
 - C. Serum creatinine levels with the drug dosage reduced for values greater than 2.5 mg/dL
 - D. Serum glucose levels with the drug dosage increased for levels greater than 120 mg/dL

ANS: C PTS: 1

8. Jacob has hypertension, for which a calcium channel blocker has been prescribed. This drug helps control blood pressure because it:
- A. Decreases the amount of calcium inside the arterial smooth muscle
 - B. Reduces stroke volume
 - C. Increases the activity of the $\text{Na}^+/\text{K}^+/\text{ATPase}$ pump indirectly
 - D. Decreases heart rate

ANS: A PTS: 1

9. Which of the following adverse effects may occur due to a dihydropyridine-type calcium channel blocker?
- A. Bradycardia
 - B. Hepatic impairment
 - C. Increased contractility
 - D. Edema of the hands and feet

ANS: D PTS: 1

10. Patient teaching related to amlodipine includes:
- A. Increase calcium intake to prevent osteoporosis from a calcium blockade

- A. More effective than first-generation antihistamines
- B. Less sedating than the first-generation antihistamines
- C. Prescription products, and therefore covered by insurance
- D. Able to be taken with central nervous system (CNS) sedatives, such as alcohol

ANS: B PTS: 1

17. When recommending dimenhydrinate (Dramamine) to treat motion sickness, patients should be instructed to:
- A. Take the dimenhydrinate after they get nauseated
 - B. Drink lots of water while taking the dimenhydrinate
 - C. Take the dimenhydrinate 15 minutes before it is needed
 - D. Double the dose if one tablet is not effective

ANS: C PTS: 1

18. Decongestants such as pseudoephedrine (Sudafed):
- A. Are schedule III drugs in all states
 - B. Should not be prescribed or recommended for children under 4 years of age
 - C. Are effective in treating the congestion children experience with the common cold
 - D. May cause drowsiness in patients of all ages

ANS: B PTS: 1

19. Cough and cold medications that contain a sympathomimetic decongestant such as phenylephrine should be used cautiously in which population:
- A. Older adults
 - B. Hypertensive patients
 - C. Infants
 - D. All of the above

ANS: D PTS: 1

20. The first-line decongestant to prescribe for a 60-year-old patient with hypertension would be:
- A. Oral pseudoephedrine
 - B. Oral phenylephrine
 - C. Nasal oxymetazoline
 - D. Nasal azelastine

ANS: C PTS: 1

21. The first-line treatment for cough related to an upper respiratory tract infection (URI) in a 5-year-old child is:
- A. Fluids and symptomatic care
 - B. Dextromethorphan and guaifenesin syrup (Robitussin DM for Kids)
 - C. Guaifenesin and codeine syrup (Tussin AC)
 - D. Chlorpheniramine and dextromethorphan syrup (Nyquil for Kids)

ANS: A PTS: 1

Woo
Pharmacotherapeutics for APN Prescribers, 6e

6
Ch16

the last time they were there the oldest daughter contracted it. The NP advises that:

- A. Everyone in the family should receive dengue immune globulin within 30 days of travel.
- B. The vaccine is only effective if there is no history of previous dengue infection.
- C. There is no vaccine for dengue fever.
- D. The vaccine is not licensed for patients over 16 years old in the United States.

ANS: A PTS: 1

ANS: C PTS: 1

6. Which of the following statements about pancreatic enzymes is true?
- A. Dosing may be titrated according to the decrease of steatorrhea.
 - B. The amount of carbohydrates in a meal drives the amount of enzyme used.
 - C. The amount of medication used increases with a cystic fibrosis pulmonary flare.
 - D. The U.S. Food and Drug Administration (FDA) and internet-available formulations are bioequivalent.

ANS: A PTS: 1

7. Besides cystic fibrosis, which other medical state may trigger the need for pancreatic enzymes?
- A. Paget disease
 - B. Pulmonary cancers
 - C. Gallbladder surgery
 - D. Some bariatric surgeries

ANS: D PTS: 1

8. A precaution when sprinkling pancreatic enzymes on food is:
- A. Wash off any “dust” that gets on the hands to decrease potential dermatology issues
 - B. Keep it on top of food instead of mixing it in
 - C. Do not drink fluids during the meal
 - D. Keep the powder primarily on the carbohydrate-rich foods

ANS: A PTS: 1

9. A postsurgical patient may experience water balance issues for a while due to alteration in which hypothalamic, pituitary, adrenal hormone:
- A. Prolactin
 - B. Thyroid-stimulating hormone (TSH)
 - C. Antidiuretic hormone (ADH)
 - D. Oxytocin

ANS: C PTS: 1

10. Why must steroids be tapered after long-term use?
- A. Chronic use intensifies adrenal response.
 - B. The resolution of longer-term adrenal suppression must not be rapid.
 - C. Tapering reduces the sequela of “moon facies” and lipomas.
 - D. Abrupt cessation causes tachyphylaxis.

ANS: B PTS: 1

11. A woman who is not pregnant and not breastfeeding has unexplained “milk production” from her left breast. Which endocrine abnormality is the most likely cause?

- A. Alendronate (Fosamax)
- B. Premarin (estrogen)
- C. Calcium carbonate
- D. Raloxifene (Evista)

ANS: A PTS: 1

13. The drug recommended as treatment for osteoporosis in men over age 70 is:

- A. Alendronate (Fosamax)
- B. Ibandronate (Boniva)
- C. Calcium carbonate
- D. Raloxifene (Evista)

ANS: A PTS: 1

14. The ongoing monitoring for patients over age 65 taking alendronate (Fosamax) or any other bisphosphonate includes all except:

- A. Annual dual-energy x-ray absorptiometry (DEXA) scans
- B. Annual vitamin D level
- C. Annual renal function evaluation
- D. Electrolytes every 3 months

ANS: A PTS: 1

15. Bisphosphonate administration education includes:

- A. Taking it on a full stomach
- B. Sitting erect for at least 30 minutes afterward
- C. Drinking it with orange juice
- D. Taking it with H2 blockers or proton pump inhibitors (PPIs) to protect the stomach

ANS: B PTS: 1

16. IV forms of bisphosphonates are used for all of the following except:

- A. Severe gastric irritation with oral forms
- B. Known cancer metastasis into the bone
- C. Advancing renal dysfunction
- D. Progression of bone loss with oral formulations

ANS: C PTS: 1

17. What is the established frequency of repeating DEXA imaging for a patient on bisphosphonates?

- A. This should be done every 2 years.
- B. This should be done every 5 years.
- C. There is no evidence-based timeline for monitoring after the first 2 years.
- D. There should be annual exams.

ANS: C PTS: 1

ANS: D PTS: 1

16. A 16-year-old female who is taking minocycline for acne comes to the clinic complaining of a headache. What would be the appropriate care?
- A. Advise acetaminophen or ibuprofen as needed for headaches
 - B. Prescribe sumatriptan (Imitrex) to be taken at the onset of headache
 - C. Evaluate her for pseudotumor cerebri
 - D. Assess her caffeine intake and sleep patterns

ANS: C PTS: 1

17. An adult female has been prescribed doxycycline for a chlamydia infection. She is healthy and her only medication is an oral combined contraceptive. Education would include:
- A. She should use a back-up method of birth control (condom) until her next menses.
 - B. Doxycycline may cause tendonitis and she should report any joint pain.
 - C. Her partner will need treatment if her infection doesn't clear with the doxycycline.
 - D. Doxycycline is used for one-dose treatment of sexually transmitted infections (STIs); take the whole prescription at once.

ANS: A PTS: 1

18. To prevent the development of peripheral neuropathy in patients taking isoniazid for tuberculosis, the patient is also prescribed:
- A. Niacin (vitamin B₃)
 - B. Pyridoxine (vitamin B₆)
 - C. Riboflavin (vitamin B₂)
 - D. Thiamine (vitamin B₁)

ANS: B PTS: 1

19. Every antibiotic drug class has resistant organisms that influence prescribing decisions.
- A. True
 - B. False

ANS: A PTS: 1

- B. Complete blood count every 4 weeks throughout treatment
- C. Annual complete blood count
- D. Reticulocyte count 4 weeks after treatment is started

ANS: A PTS: 1

7. An adult female has been prescribed iron to treat her anemia. Education of patients prescribed iron would include:
- A. She should take the iron with milk if it upsets her stomach.
 - B. Antacids may help with the nausea and gastrointestinal (GI) upset caused by iron.
 - C. She should increase fluids and fiber to treat constipation.
 - D. Iron is best tolerated if it is taken at the same time as her other medications.

ANS: C PTS: 1

8. A patient has just had her pregnancy confirmed and is asking about how to ensure a healthy baby. What is the folic acid requirement during pregnancy?
- A. 40 mcg/day
 - B. 200 mcg/day
 - C. 600 mcg/day
 - D. 2 g/day

ANS: C PTS: 1

9. A patient with Crohn disease has a documented folate deficiency. Drug therapy for folate deficiency anemia is:
- A. Oral folic acid 1 to 2 mg per day
 - B. Oral folic acid 1 g per day
 - C. Intramuscular (IM) folate weekly for at least 6 months
 - D. Oral folic acid 400 mcg daily

ANS: A PTS: 1

10. Patients who are being treated for folate deficiency require monitoring of:
- A. Complete blood count every 4 weeks
 - B. Hematocrit and hemoglobin at 1 week and then at 8 weeks
 - C. Reticulocyte count at 1 week
 - D. Folate levels every 4 weeks until hemoglobin stabilizes

ANS: B PTS: 1

11. The treatment of vitamin B₁₂ nutritional deficiency is:
- A. 1,000 mcg daily of oral cobalamin
 - B. 2 g per day of oral cobalamin
 - C. Vitamin B₁₂ 100 mcg/day IM
 - D. 500 mcg/dose nasal cyanocobalamin two sprays once a week

ANS: A PTS: 1

- C. They have no exacerbations.
- D. They have minimal use of inhaled corticosteroids.

ANS: B PTS: 1

12. SMART dosing as introduced by the GINA guidelines includes which of the following as the mainstay of both reliever and controller therapy?

- A. The short acting beta agonist
- B. ICS/formoterol only
- C. The ICS/LABA combination
- D. The inhaled corticosteroid

ANS: B. PTS:

1

13. The focus of patient education for patients with allergies is:

- A. Reducing trigger exposure
- B. Using oral immunologic medications
- C. Carrying and using injectable epinephrine appropriately
- D. Identifying food

allergens ANS: A. PTS:

1

14. The mainstay of immunotherapy for allergies involves:

- A. Injectable therapy
- B. Eosinophil suppression
- C. Exposure to allergen
- D. Mast cell

stabilization ANS: C.

PTS: 1

15. The most common allergy triggers include all of the following except:

- A. Medications
- B. Insect stings
- C. Food
- D. Infection

ANS: D. PTS: 1

16. The best outcome evaluation for patients with asthma is:

- A. Improvement of FEV₁ of >200 mL after SABA therapy
- B. The ability to accomplish ADLs with minimal impairment
- C. Subjective satisfaction with symptom control
- D. Resolution of nocturnal symptoms

ANS: B. PTS: 1

Chapter 35. Dermatological Conditions

MULTIPLE CHOICE

1. When choosing a topical corticosteroid cream to treat diaper dermatitis, the ideal medication would be:
 - A. Intermediate potency corticosteroid ointment (Kenalog)
 - B. A combination of a corticosteroid and an antifungal (Lotrisone)
 - C. A low-potency corticosteroid cream applied sparingly (hydrocortisone 1%)
 - D. A high-potency corticosteroid cream (Diprolene AF)

ANS: C PTS: 1

2. Topical immunomodulators such as pimecrolimus (Elidel) or tacrolimus (Protopic) are used for:
 - A. Short-term or intermittent treatment of atopic dermatitis
 - B. Topical treatment of fungal infections (*Candida*)
 - C. Chronic, inflammatory seborrheic dermatitis
 - D. Recalcitrant nodular acne

ANS: A PTS: 1

3. Long-term treatment of moderate atopic dermatitis includes:
 - A. Topical corticosteroids and emollients
 - B. Topical corticosteroids alone
 - C. Topical antipruritics
 - D. Oral corticosteroids for exacerbations of atopic dermatitis

ANS: A PTS: 1

4. Severe contact dermatitis caused by poison ivy or poison oak exposure often requires treatment with:
 - A. Topical antipruritics
 - B. Oral corticosteroids for 2 to 3 weeks
 - C. Thickly applied topical intermediate-dose corticosteroids
 - D. Isolation of the patient to prevent spread of the dermatitis

ANS: B PTS: 1

5. When a patient has contact dermatitis, wet dressings with Domeboro solution are used for:
 - A. Cleaning the weeping area of dermatitis
 - B. Bathing the patient to prevent infection
 - C. Relieving the inflammation
 - D. Providing a barrier layer to protect the surrounding skin

ANS: C PTS: 1

6. Appropriate initial treatment for psoriasis would be:

32. What would one expect to find during an assessment for HHS?

- A. Low hemoglobin
- B. Ketones in the urine
- C. Deep, labored breathing
- D. pH of 7.35

ANS: B PTS: 1

33. A patient on metformin and glipizide arrives at her 11:30 a.m. clinic appointment diaphoretic and dizzy. She reports taking her medication that morning and having a bagel and coffee for breakfast. Blood pressure (BP) is 110/70 and random finger-stick glucose is 64. How should this patient be treated?

- A. 12 oz apple juice with 1 tsp sugar
- B. 10 oz diet soda
- C. 8 oz milk or 4 oz orange juice
- D. 4 cookies and 8 oz chocolate milk

ANS: C PTS: 1

34. Documented reduction in cardiovascular (CV) risk is linked with:

- A. Selective sodium-dependent glucose cotransporter-2 (SGLT-2) medications
- B. Metformin replacement with insulin
- C. Early adoption of basal insulin
- D. Sulfonylurea reduction

ANS: A PTS: 1

35. Thyroid medullary cancer risk has been linked with:

- A. Chronic sulfonylurea use
- B. Later addition of basal insulin to oral therapy
- C. GLP-1 therapies
- D. SGLT-2 medication

ANS: C PTS: 1

36. Genital yeast infections are increased with:

- A. GLP-1 therapies
- B. SGLT-2 therapies
- C. Amylin-based treatment
- D. Weekly noninsulin-based therapies

ANS: B PTS: 1

37. The dipeptidyl peptidase 4 (DPP-4) inhibitors have the following suffix in their names:

- A. Gliptin
- B. Urea
- C. Exenatide

5. Treatments for HF, including drug therapy, are based on the stages developed by the ACC/AHA. Stage A patients are treated with:
- A. Drugs for hypertension and hyperlipidemia, if they exist
 - B. Lifestyle management including diet, exercise, and smoking cessation only
 - C. ACE inhibitors to directly prevent the HF only
 - D. No drugs are used in this early stage

ANS: A PTS: 1

6. Class I recommendations for stage A HF include:
- A. Aerobic exercise within tolerance levels to prevent the development of HF
 - B. Reduction of sodium intake to less than 2,000 mg/day to prevent fluid retention
 - C. Beta blockers for all patients regardless of cardiac history
 - D. Optimal blood pressure control

ANS: D PTS: 1

7. Stage B patients should have a beta blocker added to the HF treatment regimen when:
- A. There is confirmed HFrEF
 - B. They have had a recent MI
 - C. Both A and B
 - D. Neither A nor B

ANS: C PTS: 1

8. In the later part of the 20th century, increased life expectancy for patients with HF has been associated with the use of:
- A. ACE inhibitors, especially when started early in the disease process
 - B. All beta blockers regardless of selectivity
 - C. Thiazide and loop diuretics
 - D. Cardiac glycosides

ANS: A PTS: 1

9. Stage C patients usually require a combination of three to four drugs to manage their HF. In addition to ACE inhibitors and beta blockers, diuretics may be added. Which of the following statements about diuretics is NOT true?
- A. Diuretics reduce preload associated with fluid retention.
 - B. Diuretics can be used earlier than stage C when the goal is hypertension control.
 - C. Diuretics may produce problems with electrolyte imbalances, abnormal glucose, and lipid metabolism.
 - D. Diuretics from the potassium-sparing class should be used when using an angiotensin receptor blocker (ARB).

ANS: D PTS: 1

10. Digoxin has a very limited role in treatment of HF. It is used mainly for patients with:
- A. Ejection fractions above 40%

Chapter 42. Hyperlipidemia

MULTIPLE CHOICE

1. The overall goal of treating hyperlipidemia is:
 - A. Maintain a low-density lipoprotein (LDL) level of less than 160 mg/dL
 - B. Reduce atherogenesis
 - C. Lower apo-B, one of the apolipoproteins
 - D. All of the above

ANS: B PTS: 1
2. When considering which cholesterol-lowering drug to prescribe, which factor determines the type and intensity of treatment?
 - A. Total LDL
 - B. Fasting high-density lipoprotein (HDL)
 - C. Coronary artery disease risk level
 - D. Fasting total cholesterol

ANS: C PTS: 1
3. First-line therapy for hyperlipidemia is:
 - A. Statins
 - B. Niacin
 - C. Lifestyle changes
 - D. Bile acid-binding resins

ANS: C PTS: 1
4. James is a 45-year-old patient with a very high cardiovascular (CV) risk profile, an LDL level of 120, and normal triglycerides. Appropriate first-line therapy for James may include diet counseling, increased physical activity, and:
 - A. A statin
 - B. Niacin
 - C. Sterols
 - D. A fibric acid derivative

ANS: A PTS: 1
5. Joanne is a 60-year-old patient with an LDL of 132 and a family history of coronary artery disease. She has already tried diet changes (increasing fiber and plant sterols) to lower her LDL but after 6 months her LDL is slightly higher. The next step in her treatment would be:
 - A. A statin
 - B. Niacin
 - C. Sterols
 - D. A fibric acid derivative

Chapter 44. Hyperthyroidism and Hypothyroidism

MULTIPLE CHOICE

1. When methimazole is started for hyperthyroidism it may take _____ to see a total reversal of hyperthyroid symptoms.
- A. 2 to 4 weeks
 - B. 1 to 2 months
 - C. 3 to 4 months
 - D. 6 to 12 months

ANS: D PTS: 1

2. In addition to methimazole, a symptomatic patient with hyperthyroidism may need which additional class of medication?
- A. A calcium channel blocker
 - B. A beta blocker
 - C. Liothyronine
 - D. An alpha blocker

ANS: B PTS: 1

3. After starting a patient with Graves disease on an antithyroid agent such as methimazole, patient monitoring includes thyroid-stimulating hormone (TSH) and free thyroxine (T4) every:
- A. 1 to 2 weeks
 - B. 3 to 4 weeks
 - C. 2 to 3 months
 - D. 6 to 9 months

ANS: B PTS: 1

4. A woman who is pregnant and has hyperthyroidism is best managed by a specialty team who will most likely treat her with:
- A. Methimazole
 - B. Propylthiouracil (PTU)
 - C. Radioactive iodine
 - D. Nothing, because treatment is best delayed until after her pregnancy ends.

ANS: B PTS: 1

5. Goals when treating hypothyroidism with thyroid replacement include:
- A. Normal TSH and free T4 levels
 - B. Resolution of fatigue
 - C. Weight loss to baseline
 - D. All of the above

Woo
Pharmacotherapeutics for APN Prescribers,

4
Ch46

ANS: B PTS: 1

22. Varenicline (Chantix) may be prescribed for tobacco cessation. Instructions to a patient who is starting varenicline include:
- A. The maximum time varenicline can be used is 12 weeks.
 - B. Nausea is a sign of varenicline toxicity and should be reported to the provider.
 - C. The starting regimen for varenicline is 1 mg twice a day a week before the quit date.
 - D. Neuropsychiatric symptoms may occur.

ANS: D PTS: 1

23. The most appropriate smoking cessation prescription for pregnant women is:
- A. A nicotine replacement patch at the lowest dose available
 - B. Bupropion (Zyban)
 - C. Varenicline (Chantix)
 - D. Nonpharmacologic measures

ANS: D PTS: 1

- B. Encouraging a daily dietary intake of 1,300 mg of calcium and 400 IU of vitamin D
- C. Avoiding all birth control methods that include progesterone
- D. Fostering the intake of iron mainly from green and leafy vegetables

ANS: B PTS: 1

6. Hot flashes are often a concern during menopause. Which of the following may help in reducing them?
- A. Drink one caffeinated drink per day
 - B. Take progesterone supplementation
 - C. Exercise 20 to 40 minutes/day
 - D. Increase intake of carrots, yams, and soy products

ANS: D PTS: 1

7. Factors common in women that can affect adherence to a treatment regimen include all of the following EXCEPT:
- A. Number of drugs taken: Women tend to take fewer drugs over longer periods of time.
 - B. Fear that medications can cause disease: Information obtained from social networks may be inaccurate for a specific woman.
 - C. Nutritional status: Worries about possible weight gain from a given drug may result in nonadherence.
 - D. Religious differences: A patient's belief system that is not congruent with the treatment regimen presents high risk for nonadherence.

ANS: A PTS: 1

8. Dysmenorrhea is one of the most common gynecological complaints in young women. The first line of drug treatment for this disorder is:
- A. Oral contraceptive pills
 - B. Caffeine
 - C. Nonsteroidal anti-inflammatory drug (NSAIDs)
 - D. Aspirin

ANS: C PTS: 1

9. Premenstrual dysphoric disorder (PMDD) occurs in a fairly small number of patients. Theories of the pathology behind PMDD that are supported in research include:
- A. There is altered sensitivity in the serotonergic system.
 - B. There is an inhibition of the cyclooxygenase system.
 - C. There are fluctuations of the gonadal hormones.
 - D. All of these are theories supported by research.

ANS: A PTS: 1

10. Treatment of PMDD that affects all or most of the symptoms includes:

ANS: D PTS: 1

6. Robert is a 72-year-old patient who has hypertension and angina. He is at risk for common medication practices seen in the elderly including:
- A. Using another person's medications
 - B. Hoarding medications
 - C. Changing his medication regimen without telling his provider
 - D. All of the above

ANS: D PTS: 1

7. To improve positive outcomes when prescribing for the elderly the nurse practitioner should:
- A. Assess cognitive functioning
 - B. Encourage the patient to take a weekly "drug holiday" to keep drug costs down
 - C. Encourage the patient to cut drugs in half with a knife to lower costs
 - D. All of the above

ANS: A PTS: 1

8. Delta is an 88-year-old patient who has mild low-back pain. What guidelines should be followed when prescribing pain management for Delta?
- A. The dose of oxycodone should be kept low to prevent development of tolerance.
 - B. Acetaminophen is the first-line drug of choice.
 - C. Nonsteroidal anti-inflammatory drugs (NSAIDs) should not be prescribed.
 - D. A short-acting benzodiazepine should be added for a synergistic effect on pain.

ANS: B PTS: 1

9. Robert is complaining of poor sleep. Medications that may contribute to sleep problems in the elderly include:
- A. Diuretics
 - B. Trazodone
 - C. Clonazepam
 - D. Levodopa

ANS: A PTS: 1

10. In geriatric patients, the percentage of body fat is increased. What are the pharmacologic implications of this physiologic change?
- A. A lipid-soluble medication will be eliminated more quickly and will not work as well.
 - B. A lipid-soluble medication will accumulate in fat tissue and its duration of action may be prolonged.
 - C. Absorption of lipid-soluble drugs is impaired in older adults.
 - D. The bioavailability of the lipid-soluble drug is increased in older adults.

ANS: B PTS: 1