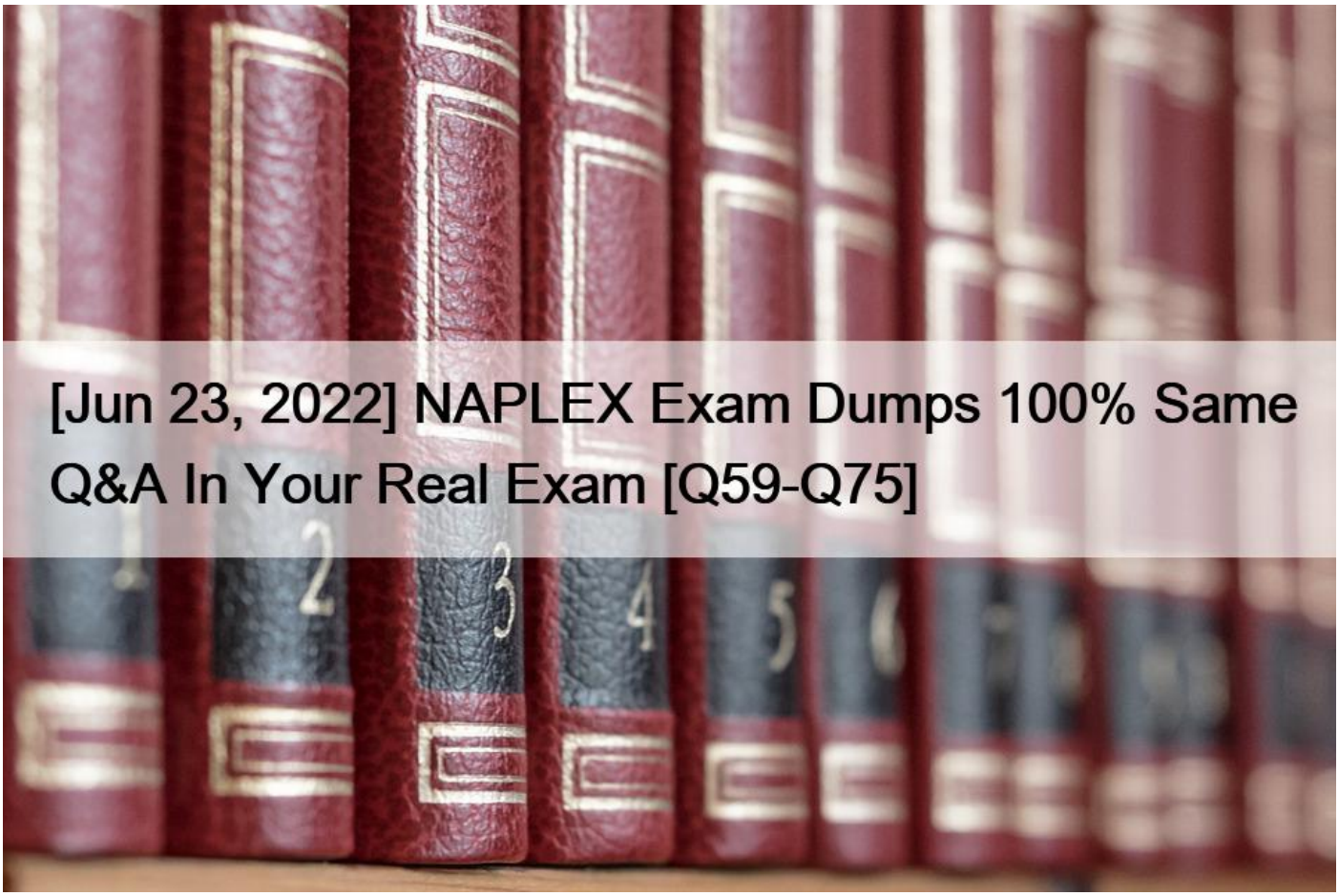
[Jun 23, 2022 NAPLEX Exam Dumps 100% Same Q&A In Your Real Exam [Q59-Q75



[Jun 23, 2022] NAPLEX Exam Dumps 100% Same Q&A In Your Real Exam
NAPLEX Test Engine Dumps Training With 155 Questions

NEW QUESTION 59

After talking to the physician you find out her labs. Her labs reveled albumin level of 2.1gm/dL, calcium of

7.8mg/dL, glucose 120mg/dL , sodium 138 mmol/L, phenytoin level of 17.8.

Based on the given data which of the following best interprets phenytoin concentration?
* Phenytoin level is with normal limits
* Phenytoin level is too high
* Phenytoin level is too low
* Phenytoin level cannot be determined
* Phenytoin level need to be repeated

Explanation

Corrected phenytoin (mg/L) = Observed phenytoin (mg/L) / (0.2 x albumin [g/dL]) + 0.1 = 17.8 / (0.2 x 2.1) +

0.1 = 17.8 / 0.42 + 0.1 = 42.48mg/L phenytoin level is high. Normal therapeutic range is: 10-20mg/dL

NEW QUESTION 60

Select the class of Anti-diabetic medication that works in the specified organ to prevent hyperglycemia. Select all that applies.
Pancreases (A)
* Sulfonylureas
* Alpha- Glucosidase Inhibitors
* DPP4 Inhibitors
* Glucagon-like peptide-1 receptor agonists
* Thiazolidinediones
* Biguanide
* SGLT2 inhibitors
Explanation

(A) Sulfonylureas, (C) DPP4 Inhibitors, (D) Glucagon-like peptide-1 receptor agonists Sulfonylureas work in beta cells in the pancreas that are still functioning to enhance insulin secretion. Alpha-Glucosidase Inhibitors stop -glucosidase enzymes in the small intestine and delay digestion and absorption of starch and disaccharides which lowers the levels of glucose after meals. DPP4 blocks the degradation ofGLP-1, GIP, and a variety of other peptides, including brain natriuretic peptide. Glucagon-like peptide-1 receptor agonists work in various organs of the body. Glucagon-like peptide-1 receptor agonists enhance glucose homeostasis through: (i) stimulation of insulin secretion; (ii) inhibition of glucagon secretion; (iii) direct and indirect suppression of endogenous glucose production; (iv) suppression of appetite; (v) enhanced insulin sensitivity secondary to weight loss; (vi) delayed gastric emptying, resulting in decreased postprandial hyperglycaemia.Thiazolidinediones are the only true insulin-sensitising agents, exerting their effects in skeletaland cardiac muscle, liver,and adipose tissue. It ameliorates insulin resistance, decreases visceral fat.Biguanides work in liver, muscle, adipose tissue via activation of AMP-activated protein kinase (AMPK) reduce hepatic glucose production. SGLT2 inhibitors work in the kidneys to inhibit sodium-glucose transport proteins to reabsorb glucose into the blood from muscle cells; overall this helps to improve insulin release from the beta cells of the pancreas.

NEW QUESTION 61

Which of the following NSAIDs is an Enolic acid derivative?
* Ibuprofen
* Piroxicam
* Naproxen
* Oxaprozin
* Fenoprofen
Explanation

The following NSAIDs belong to the propionic acid derivatives group – Ibuprofen – Ketoprofen – Naproxen – Fenoprofen – Flurbiprofen – Oxaprozin whereas piroxicam belongs to the class of Enolic acid derivative which also includes other agents like meloxicam and Nabumetone. They are non-selective COX inhibitors and act by preventing the production of certain prostaglandins.

NEW QUESTION 62

LN is 84 YOM who is in hospital for a back surgery. His height is 5 feet and 4 inches, weight 85 kg and NKDA.

His past medical history includes hypertension, diabetes mellitus, major depression, hypothyroidism and chronic back pain.

Post-op day 1, LN’s medication includes Dexamethasone 8 mg iv q6h with taper dosing, Ondansetron 4 mg iv q6h prn for N/V, Levothyroxine 0.075 mg po daily, Lisinopril 10 mg po daily, Citalopram 20 mg po daily, Docusate sodium / Senna 1 tab po twice a day, Bisacodyl 10 mg suppository daily prn for constipation, Famotidine 20 mg iv q12hr, Metoclopramide 10 mg iv q6h, Metformin 500 mg po bid, D51/2NS with 20 K at

125 mls/hour and Hydromorphone PCA at 0.2 mg/hour of basal rate, demand dose 0.1 mg. lock-out every 6 min, one hour limit 2.2 mg/hour. Pertinent morning labs includes serum creatinine 1.4 mg/dl, Mg 1.5 mg/dl, K

5.0 mmol/L, Na 135 mmol/L.

Which of the following medication may cause tardive dyskinesia when given at a higher dose and for a long duration?
* Lisinopril
* Dexamethasone
* Famotidine
* Metoclopramide
* Hydromorphone

Metoclopramide may cause tardive dyskinesia when given at a higher dose and for a long duration of time of more than 3 months. Tardive dyskinesia is also listed as a Boxed Warning for metoclopramide. Tardive dyskinesia is a serious movement disorder that is irreversible. The risk increases with duration of treatment and the total cumulative dose. If signs or symptoms of tardive dyskinesia develop, then metoclopramide should be discontinued. There is currently no known treatment for it, but symptoms can lessen or resolve after metoclopramide is stopped. Treatment should not be more than 12 weeks unless the benefits outweigh the risks of developing tardive dyskinesia.

NEW QUESTION 63

After talking to the patient you find out LT has been incompliant with her three times a day Valproic acid, level came back at 35 mmol/L.

What is the most appropriate course of action?
* Notify the physician to decrease the dose of Valproic acid.
* Notify the physician to increse the dose of Valproic acid.
* Albumin needs to be obtained to calculate corrected Valproic acid level
* Valproic acid level is within normal limit, no adjustment is needed.

Explanation

The delayed-release action of divalproex allows for less frequent dosing than valproic acid in some patients.

Divalproex sodium contains sodium valproate and valproic acid in a 1:1 molar stable co-ordination compound.

Valproic acid, sodium valproate, and divalproex share the same pharmacology; however, there are pharmacokinetic differences among products.

NEW QUESTION 64

Diabetic ketoacidosis, a potential complication of type 2 diabetes, is most associated which of the following antidiabetic drug classes?
* DPP-4 inhibitors
* SGLT-2 inhibitors
* Sulfonylureas

* Biguanides
* Thiazolidinediones

Explanation

SGLT-2 inhibitors have a black box warning for diabetic ketoacidosis, which manifests as euglycemic and makes it relatively difficult to detect without monitoring. The complex physiology by which this occurs is not clearly understood. On the other end, they have been shown to reduce major cardiovascular events (MACE) in persons with type 2 diabetes and established cardiovascular disease.

NEW QUESTION 65

A 23-year-old female presents to your clinic complaining of intermittent throbbing headaches that usually last for several hours and are made worse by the presence of light. She endorses occasional nausea without vomiting during the most severe episodes. Physical examination is unrevealing, and she has no significant past medical history.

Which of the following treatments is considered an abortive therapy for this patient’s underlying condition?

* Sumatriptan
* Gabapentin
* Amitriptyline
* Propranolol
* Diltiazam

Explanation

Migraine headaches typically affect females more often than males, and patients most frequently present in their early 20s. Classic symptoms of migraine include throbbing headaches lasting between 2-24 hours in duration, with triggers such as red wine, fasting, stress, and menses. Primary prevention is aimed at the identification and avoidance of triggers. Over the counter NSAIDS can be used if symptoms persist.

Failing this, PRN abortive therapy is indicated, including the triptans (e.g. – sumatriptan) and metoclopramide.

Choice B – Gabapentin is an anticonvulsant that is considered to be a second-line, prophylactic treatment for recurrent migraine headaches. Its utility is limited by its lengthy side effect profile. Choice C – Amitriptyline, a tricyclic antidepressant, can also be utilized for migraine prophylaxis. However, it will not abort a migraine currently in progress, and extensive side effects limit its use. Choices D + E – Propranolol and diltiazam are beta-blockers and calcium channel blockers, respectively. As with the anticonvulsants and tricyclic antidepressants, these are considered migraine prophylaxis and will not interrupt a migraine once it has begun.

NEW QUESTION 66

What is the standard oral weekly dose of alendronate given to treat osteoporosis?

* 10mg
* 70mg
* 140mg
* 200mg

Explanation

The standard oral dose of alendronate in the treatment of osteoporosis is 70mg weekly – or 10mg per day.

NEW QUESTION 67

Which of the following medication should be avoided if a patient is on lithium to avoid lithium toxicity?
* Lisinopril
* Furosemide
* Naproxen
* Amiodarone
* Warfarin

Explanation

ACE-inhibitors (such as lisinopril), NSAIDs (such as naproxen) and loop diuretics (furosemide) can all increase the risk of lithium toxicity.

NEW QUESTION 68

RL is a 54 YOM who’s calculated 10-year atherosclerotic cardiovascular disease (ASCVD) risk is 18 %.

Which of the following is the most appropriate pharmacotherapy recommendation for CR?
* Rosuvastatin 10 mg PO QHS
* Atorvastatin 80 mg PO QHS
* Lovastatin 10 mg PO QHS
* Pravastatin 20 mg PO QHS
* Atorvastatin 20mg PO QHS

Explanation

This patient belongs in one of the four statin benefit groups because his estimated 10-year ASCVD risk is over

7.5%. Adults 40 to 75 years of age with LDL-C 70 to 189 mg/dL, with an estimated 10-year ASCVD risk

7.5% and without clinical ASCVD or diabetes should receive either a moderate-intensity or high-intensity statin. Since the extent of reducing the risk of ASCVD is proportionally related to the degree of LDL-C reduction, risk could be reduced more so with a high intensity statin. Considering the given options, Atorvastatin 80 mg PO QHS is the best choice.

NEW QUESTION 69

LN is 84 YOM who is in hospital for a back surgery. His height is 5 feet and 4 inches, weight 85 kg and NKDA.

His past medical history includes hypertension, diabetes mellitus, major depression, hypothyroidism and chronic back pain. Post-op day 1, LN’s medication includes Dexamethasone 8mg iv q6h with taper dosing, Ondansetron 4 mg iv q6h prn for N/V, Levothyroxine 0.075 mg po daily, Lisinopril 10 mg po daily, Citalopram

20 mg po daily, Docusate sodium / Senna 1 tab po twice a day, Bisacodyl 10mg suppository daily prn for constipation, Famotidine 20 mg iv q12hr, Metoclopramide 10 mg iv q6h, Metformin 500 mg po bid, D51/2NS with 20K at 125 mls/hour and Hydromorphone PCA at 0.2 mg/hour of basal rate, demand dose 0.1 mg. lock- out every 6min, one hour limit 2.2 mg/hour. Pertinent morning labs includes serum creatinine 1.4 mg/dl, Mg 1.5 mg/dl, K 5.0 mmol/L, Na 135 mmol/L.

Which of the following medication may increase LN’s potassium?
* Ondansetron
* Metoclopramide
* Metformin
* Lisinopril
* Hydromorphone

Lisinopril may increase LN’s potassium. One of the warnings/precautions of lisinopril is hyperkalemia. ACE inhibitors block the formation of circulating angiotensin II, which can lead to a decrease in aldosterone secretion that can result in an increase in potassium. Risk factors for hyperkalemia while taking lisinopril include renal impairment, diabetes, and concomitant use of potassium-sparing diuretics, potassium supplements and/or potassium containing salts. Potassium should be monitored closely when taking any of the other agents listed. Hyperkalemia is not listed in the warnings/precautions section for the other medications.

NEW QUESTION 70

Which of the following medication should be avoided if a patient is on lithium to avoid lithium toxicity?
* Lisinopril
* Furosemide
* Naproxen
* Amiodarone
* Warfarin

ACE-inhibitors (such as lisinopril), NSAIDs (such as naproxen) and loop diuretics (furosemide) can all increase the risk of lithium toxicity.

NEW QUESTION 71

Your patient is a 43-year-old male who is experiencing post-operative voiding difficulty after an elective inguinal hernia repair. His post void residual volume was 280 cc.

Which of the following medications is the most appropriate choice of therapy for this patient?
* Bethanechol
* Oxybutynin
* Phenylephrine
* Finasteride
* Imipramine

The patient is experiencing a common complication of low abdominal surgery. Post-operative urinary retention occurs in almost 25% of patients after low abdominal surgical procedures. A normal post-void residual volume is less than 50 cc or urine. The effects of anesthesia and analgesia both contribute to bladder distension, decreased micturition reflex, reduction of contractility of the detrusor muscle of the bladder, and incomplete voiding. The detrusor muscle of the bladder is stimulated to contract by muscarinic cholinergic agonists.

Bethanechol is a muscarinic agonist and is frequently used in this setting to improve bladder emptying.

Finasteride is a drug that is a 5 alpha reductase inhibitor indicated for use in patients with bladder outlet obstruction as a result of prostatic hypertrophy. The inhibition of 5 alpha reductase decreases local conversion of testosterone to dihydrotestosterone in the prostate gland, which results in gradual shrinkage over a period of six to twelve months. Phenylephrine is an alpha-adrenergic agonist that is selective for alpha-1 receptors.

Activation of the alpha 1 receptors in the bladder results in contraction of the trigone muscle and sphincter.

This promotes urinary retention. Oxybutynin is an antimuscarinic agent that is useful for treatment of urge incontinence, and would have a detrimental effect on this patient’s bladder disorder. Imipramine is a medication with anticholinergic properties that would also cause worsening of the patient’s condition. Take home message:

Post-operative urinary retention with concomitant incomplete voiding is a complication that results from a decreased micturition reflex, increased vesical sphincter tone, or decreased contractility of the detrusor muscle of the bladder. It can be successfully treated with a muscarinic agonist, such as bethanechol, or with an alpha-

1 adrenergic antagonist.

NEW QUESTION 72

Which H2-receptor blocker may cause gynecomastia in men due to its antiandrogenic effects?
* Ranitidine
* Nizatidine
* Cimetidine
* Famotidine

Explanation

Cimetidine has multiple drug interactions due to its inhibitory effects on CYP1A2, 2C9, 2D6, and 3A4.

Inhibition of these enzymes can cause an increase in the serum concentrations of drugs metabolized by these enzymes, leading to toxicity.

NEW QUESTION 73

LN is 84 YOM who is in hospital for a back surgery. His height is 5 feet and 4 inches, weight 85 kg and NKDA.

His past medical history includes hypertension, diabetes mellitus, major depression, hypothyroidism and chronic back pain. Post-op day 1, LN’s medication includes Dexamethasone 8mg iv q6h with taper dosing, Ondansetron 4mg iv q6h prn for N/V, Levothyroxine 0.075mg po daily, Lisinopril 10mg po daily, Citalopram

20mg po daily, Docusate sodium / Senna 1 tab po twice a day, Bisacodyl 10mg suppository daily prn for constipation, Famotidine 20mg iv q12hr, Metoclopramide 10mg iv q6h, Metformin 500mg po bid, D51/2NS with

20K at 125mls/hour and Hydromorphone PCA at 0.2mg/hour of basal rate, demand dose 0.1mg. lock-out every

6min, one hour limit 2.2mg/hour. Pertinent morning labs includes serum creatinine 1.4mg/dl, Mg 1.5mg/dl, K

5.0mmol/L, Na 135mmol/L.

Which of the following medication’s dose are adjusted for poor renal function?
* Famotidine
* Metoclopramide
* Lisinopril
* Citalopram
* Ondansetron

Famotidine and Metoclopramide would need to be adjusted for poor renal function. Since his CrCl is less than

50, famotidine would need to be adjusted by decreasing the dose by 50% or increasing the interval to every 36 to 48 hours. Metoclopramide would also need to be adjusted by 50% of the normal dose since his CrCl is less than 40. ACEInhibitors and ARBs should be held if serum K is greater than 5.6 or there is a rise in serum creatinine greater than 30% after initiation.

NEW QUESTION 74

Which H2-receptor blocker may cause gynecomastia in men due to its antiandrogenic effects?
* Nizatidine

* Ranitidine
* Famotidine
* Cimetidine

NEW QUESTION 75

Which of the following antidiabetic medication works by decreasing glucose reabsorption?
* Miglitol
* Linagliptin
* Pioglitazone
* Exenatide
* Empagliflozin

Empagliflozin is a SGLT2 inhibitor to decrease glucose reabsorption in the kidney. Linagliptin is a DPP-4 inhibitor that works on incretins/increase insulin secretion/decrease glucagon secretion. Pioglitazone is a TZD that increases insulin sensitivity. Exenatide is a GLP-1 agonist which increase insulin secretion/decrease glucagon secretion/increase satiety.

Sample Questions

The following are examples of question types that examinees may encounter when taking the NAPLEX. These questions are presented as examples to familiarize examinees with their formats and are not intended to represent content areas on the NAPLEX. Every examinee is presented with the opportunity to take a tutorial at the testing center prior to initiating the NAPLEX. The tutorial instructs examinees on how to respond to all of the types of questions that could be presented on the examination. NABP strongly encourages each examinee to take the tutorial in order to become familiar with how to submit responses in the computer-based examination.

Which of the following vaccines is contraindicated in immunocompromised patients?

- C. Meningococcal conjugate- D. Subcutaneous influenza- A. Pneumococcal polysaccharide- B. Varicella

What counseling information should a pharmacist provide to a patient taking oral tacrolimus?

- C. If a dose is missed, double up on the next dose- D. Do not drink alcohol while taking this medication- E. Medication levels need to be monitored- B. Avoid grapefruit and grapefruit juice- A. Avoid live virus vaccinations **NAPLEX Practice Test Pdf Exam Material:** https://www.test4engine.com/NAPLEX_exam-latest-braindumps.html]