GIT PHARM MCQS:

1. The antacid medication most likely to be associated with gastric distension and bloating is

A: aluminium hydroxide
B: calcium carbonate ✓
C: magnesium hydroxide
D: all of the above

2. Famotidine

A: has little first pass metabolism
B: has no change in duration of action with increasing dose
C: has a reduced volume of distribution in the elderly ✓
D: relies solely on renal excretion for clearance

3. The use of H2 receptor antagonists results in reduction of

A: basal but not meal-stimulated acid secretion
B: gastrin release
C: pepsin concentration ✓
D: release of histamine from enterochromaffin-like cells

4. Adverse effects of IV ranitidine include

A: delirium ✓
B: ileus
C: QT prolongation
D: raised serum prolactin

5. Proton pump inhibitors

A: are weak acids
B: become activated when exposed to gastric secretions
C: reversibly block the parietal cell H+/K+ ATPase
D: suppress acid secretion for up to 24 hours ✓

6. Your patient takes his omeprazole 2 hours after dinner. He is not improving because

A: bioavailability is improved when taken with food
B: glucose is required to facilitate absorption of the drug
C: proton pumps are much more susceptible to inhibition when active ✓
D: PPIs only inhibit meal-stimulated acid secretion

7. A vomiting patient may react adversely to metoclopramide when they have

A: diabetic gastroparesis
B: pyloric stenosis ✓
C: raised intracranial pressure
D: ulcerative oesophagitis

8. A patient in EMU is recalcitrantly constipated. Polyethylene glycol is next on the pathway. It may cause

A: elevated BSL in diabetes
B: flatus and distension
C: incontinence of stool ✓
D: pneumonitis

9: The mechanism of action of octreotide is

A: enhanced splanchnic perfusion
B: reduction of portal blood flow ✓
C: stimulation of enteric neurotransmitter release
D: stimulation of vasoactive intestinal peptide release

10: Ondansetron acts via the

A: D2 receptor
B: 5-HT3 receptor ✓
C: H4 receptor
D: noradrenergic post-synaptic receptor