NAPLEX Q&As

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QUESTION 1

Select the class of Anti-diabetic medication that works in the specified organ to prevent hyperglycemia. Select all that applies. Liver (D)

A. Sulfonylureas

B. Alpha- Glucosidase Inhibitors

C. DPP4 Inhibitors

D. Glucagon-like peptide-1 receptor agonists

E. Thiazolidinediones

F. Biguanide

G. SGLT2 inhibitors

Correct Answer: C

DPP4 Inhibitors, (D)Glucagon-like peptide-1 receptor agonists, (E)Thiazolidinediones (F)Biguanide 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. Glucagonlike 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 insulinsensitising agents, exerting their effects in skeletal and 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.

Reference: https://doi.org/10.1093/eurheartj/ehv239

QUESTION 2

You get an order for 5% amino acid 15% dextrose premixed parenteral nutrition solution, 2 L at 83mls/hr. Your pharmacy technician tells you there is manufacture\\'s backorder on those. How many ml of 20% dextrose would you need to provide the same amount of dextrose in 24 hrs?

A. 1000ml

B. 1400ml

C. 1500ml

D. 200ml

E. 2500ml

Correct Answer: C

15% dextrose = 15gm/100ml = 300gm/2000ml. Patient needs 300gm. 300gm/Xml = 20gm/100ml = 1500ml

QUESTION 3

Concomitant use of warfarin and omeprazole is associated with increased INR and prothrombin time(PT). What enzyme dose the omeprazole inhibits that is metabolized by warfarin?

A. CYP3A4

B. CYP2C9

C. CYP2C19

D. CYP2D9

E. CYP1A2

Correct Answer: C

Omeprazole is CYP2C19 inhibitor which can prolong the elimination of warfarin, particularly R-warfarin. Rwarfarin is partially metabolized by CYP2C19. The combined use of omeprazole and warfarin has been associated with reports of increased INR and prothrombin time (PT).

QUESTION 4

Which of the following side effects should LT be made aware of while on Divalproex Sodium?

A. Weight gain

B. Oligomenorrhea

C. Alopecia

D. Gynecomastia

E. Gingival hyperplasia

Correct Answer: C

Common GI side effects of Valproic Acid and Divalproex Sodium are Weight gain, Nausea, Vomiting, Diarrhea, abdominal pain, dyspepsia. Divalproex sodium or valproic acid affects reproductive endocrine function in women. Menstrual irregularities defined as amenorrhea, oligomenorrhea, and prolonged cycles were common. Gynecomastia is not a side effect of Divalproex Sodium. For list of drugs that causes gynecomastia refer the reference. Gingival hyperplasia is a well- known side effect of phenytoin.

Reference: http://www.pharmaco-vigilance.eu/content/drug-induced-gynecomastia

QUESTION 5

The rate that an outcome will occur given a particular exposure, compared to the rate of the outcome occurring in the absence of that exposure is definition of which of the following?

A. Incidence rate

B. Prevelance rate

C. Odds ratio

D. Relative risk

E. Confidence Interval

Correct Answer: D

RR = rate of an outcome occurring in an exposed group (treatment group/intervention group) divided by the rate of an outcome occurring in an unexposed group (control group) Ex: Relative Risk = Rate of UTI in patients taking drug XYZ / rate of UTI in patients not on drug XYZ

Reference: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2938757/