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QUESTION 1

A 22-year-old woman adopted a cat. Shortly thereafter, she developed itchy eyes and persistent rhinorrhea. She was clearly allergic to the pet, but desperately wanted to keep it. She tried taking diphenhydramine, but it had intolerable side effects.

Which of the following is a common effect of this type of medication?

- A. Decreased intraocular pressure
- B. Bradycardia
- C. Xerostomia
- D. Diarrhea
- E. Excessive sweating

Correct Answer: C

Diphenhydramine possesses anticholinergic properties. Xerostomia, or dry mouth, is a common side effect of anti-cholinergic medications, due to anti-muscarinic, parasympatholytic effects. Other adverse reactions may include: ?Mydriasis with blurred vision, photophobia ?Urinary retention ?Constipation ?Anhidrosis ? Hyperthermia ?Tachycardia ?Altered mental status A commonly referenced mnemonic for anti-cholinergic toxicity is "mad as a hatter, red as a beet, dry as a bone, hot as a hare, blind as a bat" to reflect confusion, flushing, dry mouth, hyperthermia and mydriasis, respectively.

QUESTION 2

JK is a 67 years old African American man who presents to your clinic for his blood pressure management. His past medical history includes Peptic ulcer disease and hypertension. His two BP readings are 160/98, 159/96 and HR 85. He says he has been adherent to his medication and lifestyle. He currently takes 12.5mg Chlorthalidone and Prilosec 20mg daily.

Which of the following is the best strategy to manage his blood pressure?

- A. Increase chlorthalidone to 25mg daily
- B. Add Norvasc 2.5 daily
- C. Add Lisinopril 5mg daily
- D. Add hydrochlorothiazide 25mg daily
- E. Add Lisinopril 20mg daily

Correct Answer: B

As the patient is over the age of 60 and he does not have CKD or diabetes, his goal BP should be SBP andlt; 150 mmHg or DBP andlt; 90 mmHg, and he is not currently at this goal with his medication regimen. Options are to maximize the current medication dosage (option A), or to add a second agent. Since calcium channel blockers like Norvasc are recommended as initial treatment options in African Americans, choosing Norvasc over lisinopril would probably be the more effective option.



Reference: <http://jamanetwork.com/journals/jama/fullarticle/1791497>

QUESTION 3

A patient who weighs 80kg is ordered Esmolol at 50mcg/kg/min. Esmolol comes in 2500mg/250 ml NS premixed bags. What is the infusion rate in mls/hr?

- A. 20mls/hr
- B. 6mls/hr
- C. 8mls/hr
- D. 24mls/hr
- E. 32mls/hr

Correct Answer: D

QUESTION 4

Which of the following medication may increase LDL?

- A. Lisinopril
- B. Hydrochlorothiazide
- C. Diltiazem
- D. Metoprolol
- E. Amlodipine

Correct Answer: B

LDL can be elevated by diuretics, cyclosporine, glucocorticoids, and amiodarone.

QUESTION 5

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

- 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: 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 of GLP-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 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 6

What indication usually requires higher dose of proton pump inhibitor?

- A. Helicobacter pylori
- B. Esophagitis
- C. Duodenal ulcer
- D. Stress ulcer prophylaxis
- E. Zollinger-Ellison syndrome

Correct Answer: E

The diagnosis of Zollinger-Ellison syndrome is suggested when plasma gastrin is > 1000 pg/ml and the basal acid output is > 15 mEq/h or when associated with a pH andlt; 2. The treatment is focused on controlling gastric acid hypersecretion and localisation of the tumour and its metastases. Proton pump inhibitors are the most effective antiseecretory drugs and can be administered at high dosages

QUESTION 7

When does the newer chronic kidney disease (CKD) guidelines recommend stopping metformin?

- A. when the estimated glomerular filtration (eGFR) is