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QUESTION 1

TM is a 78 YOW with a history of hypertension, hypercholesterolemia and arthritis was admitted for proximal arterial fibrillation.

While in the hospital she was placed on diltiazem drip and eventually, converted to oral diltiazem 240mg. Pt\\'s home medication includes Simvastatin 40mg po daily , hydrochlorothiazide 25mg po daily , Lisinopril 20mg daily and Acetaminophen. Her LDL-C is 100mg /dL.

What would be the most appropriate change to make on her therapy?

A. Increase Simvastatin to 80mg po daily

B. Keep Simvastatin at 40mg po daily

C. Change Simvastatin 40mg to Atorvastatin 40mg po daily

D. Change Simvastatin to Lovastatin 20mg po daily

E. Discontinue Statins.

Correct Answer: C

Diltiazem has a major drug interaction with Simvastatin. Diltiazem is a CYP3A4 inhibitor, and since Simvastatin is metabolized by CYP3A4, its level can build up and the risk of myopathy increases. It is recommended to switch to a non- CYP3A inhibitor such as Pitavastatin, Pravastatin, or Rosuvastatin, and if Simvastatin is to be kept on it should not exceed 10 mg/day. The same interaction also exists with lovastatin, and the recommendation is to not exceed a total dose of 20 mg/day po of Lovastatin. Given the current options, the best choice is to change to Atorvstatin 40 mg po daily.

Reference: http://www.fda.gov/Drugs/DrugSafety/ucm256581.htm
http://circ.ahajournals.org/content/129/25_suppl_2/S1

QUESTION 2

Your patient is a 58-year-old male who presents with onset of severe substernal chest pain and shortness of breath. An ECG reveals an acute STEMI, and he is on his way to the cardiac catheterization suite for percutaneous coronary intervention. Which of the following drugs used in acute coronary syndromes treated with PCI must undergo oxidation by hepatic P450 enzymes to an active form?

A. Clopidogrel

B. Ticlopidine

C. Eptifibatide

D. Aspirin

E. Warfarin

Correct Answer: A

Clopidogrel and ticlopidine are ADP receptor pathway inhibitors. The irreversible inhibition of the ADP-dependent

pathway of platelet activation is thought to be the result of covalent modification and inactivation of the platelet P2Y ADP receptor. This receptor is coupled to the inhibition of adenylyl cyclase. Both drugs are prodrugs and undergo conversion to active metabolites in the liver. However, clopidogrel must undergo oxidation by hepatic P450 enzymes to its active form. This is significant because many drugs are metabolized the hepatic P450 enzymes, including statins, and clopidogrel may interact with these medications. Clopidogrel is a second-generation thienopyridine and ticlopidine is a first- generation thienopyridine. Both drugs are indicated in combination with aspirin to prevent stent thrombosis. Eptifibatide is a GPIIb-IIIa receptor antagonist that is used to treat unstable angina and non-ST segment elevation myocardial infarction. Eptifibatide is also used to reduce ischemic events in patients who are undergoing percutaneous coronary intervention. The drug is a synthetic peptide that directly antagonizes the GPIIb-IIIa receptor on the platelet. Aspirin is an antiplatelet drug that works by inhibition of synthesis of prostaglandins. Prostaglandin G2 is the result of a synthesis pathway that is activated by platelets and endothelial cells, and results in localized vasoconstriction and induction of platelet aggregation, as well as causing release of platelet granules. Warfarin is an anticoagulant that acts on vitamin K-dependent reactions in the coagulation pathway. Vitamin K is necessary for hepatic synthesis of coagulation factors II, VII, IX and X, protein C and protein S. Vitamin K-dependent carboxylation is necessary for induction of enzymatic activity of these coagulation factors. Take-home message: Clopidogrel, a second-generation thienopyridine ADP receptor pathway inhibitor, is indicated in combination with aspirin to prevent stent thrombosis in patients who undergo percutaneous coronary intervention after myocardial infarction. Clopidogrel is a prodrug that must undergo oxidation by hepatic P450 enzymes, and therefore may affect the activity of statins and other drugs dependent on the hepatic P450 enzymes.

QUESTION 3

A 54-year-old male with a long history of mild persistent asthma on daily fluticasone therapy has been using his albuterol inhaler every day for the past month, and presents requesting a refill. What changes should be made to his current regimen?

A. Add ciclesonide to current regimen

B. Add salmeterol to current regimen

C. Discontinue fluticasone and instead use salmeterol

D. Add cromolyn to current regimen

E. Discontinue fluticasone and add ipratropium to current regimen

Correct Answer: B

Add salmeterol to the current regimen. This patient had mild persistent asthma but was using his albuterol daily, which indicates that a step up in therapy is warranted. The preferred first line treatment regimen for moderate persistent asthma are low to medium dose inhaled corticosteroids plus a long acting beta2 agonist, as well as a short acting beta2 agonist as needed. A is incorrect. Ciclesonide is an inhaled corticosteroid. The patient in the case is already using fluticasone, so adding ciclesonide would be therapeutic duplication. C is incorrect. Long-acting beta2 agonists should only be used as adjunctive therapy in patients who are currently receiving but not adequately controlled on an inhaled corticosteroid. These medications should not be used as monotherapy, due to an increased risk of asthma related deaths. D is incorrect. Cromolyn prevents the release of vasoactive mediators from mast cell and is primarily used for exercise-induced asthma, it is not indicated as an alternative agent in patients with moderate persistent asthma. E is incorrect. Ipratropium is a short-acting anticholinergic, which is often used in COPD or in asthma exacerbations. It is not indicated for maintenance treatment of moderate persistent asthma.

QUESTION 4

In the management of acute ischemic stroke, within how many minutes from symptom onset should alteplase be

administered?

A. 3 hours

B. 6 hours

C. 12 hours

D. 24 hours

Correct Answer: A

In the management of acute ischemic stroke, alteplase should be administered within 3 hours of symptom onset.

QUESTION 5

An 11-year-old male presents with his mother to your clinic with 5 days of frequent diarrhea, occasionally with streaks of blood mixed in. Stool cultures are pending, but preliminary stool samples demonstrate fecal WBC and RBC.

Assuming the patient is stable enough for outpatient management, what would be the optimal treatment assuming the underlying pathogen is Shigella?

A. Oral Erythromycin

B. Oral Metronidazole

C. Oral Vancomycin

D. An oral quinolone

E. Oral TMP-SMX

Correct Answer: E

Correct: E. Shigella can cause bloody diarrhea, and frequently affects young children and institutionalized patients. The pathogen is highly contagious, and is spread via fecal-oral transmission. The pathogen can lead to severe dehydration, and even cause febrile seizures in young patients. For clinically stable patients who can be managed via outpatient therapy, the optimal treatment is via PO TMP-SMX to decrease the risk of person-to-person transmission. Choice A ?Erythromycin is the first line treatment for bloody diarrhea caused by the pathogen campylobacter. However, for the purposes of decreasing transmissibility of suspected Shigella, TMP-SMX remains the mainstay of therapy. Choices B + C ?Oral metronidazole and oral vancomycin can both be used in the treatment of Clostridium deficile. Alternatively, intravenous metronidazole can be given if the patient is unable to tolerate oral medications. Choice D ?Oral quinolones can be used in cases of bloody diarrhea in which salmonella is the suspected pathogen. Salmonella is caused by the ingestion of contaminated poultry and/or eggs, and can ultimately lead to bacteremia in 510% of cases.