Pharma Repro

1. A 29-year-old woman (height 65 inches, weight 63 kg) has a history of two deep venous thromboses (DVTs) but is otherwise healthy; she is seeking to become pregnant. She currently takes warfarin3 mg orally daily. Which regimen is the best recommendation for this patient?

a) Continue current warfarin dose to prevent clots during pregnancy.
b) Continue warfarin therapy but increase the dose to prevent clots during pregnancy.
c) Discontinue warfarin; start enoxaparin 60 mg subcutaneously every 12 hours until pregnant and continue through pregnancy.
d) Discontinue warfarin; start heparin 5000 units subcutaneously every 8 hours daily until 12 weeks pregnant, and then reinitiate warfarin.

2. J.K. is a 51-year-old postmenopausal woman with severe hot flashes that have not resolved with venlafaxine 75 mg orally daily. She is otherwise healthy, with no history of cancer and no surgical procedures. She is given conjugated estrogen 0.625 mg orally daily. Which treatment is best for J.K.?

a) No other drug is needed; estrogen alone is sufficient for hot flashes.
b) No other drug is needed; estrogen should be discontinued, and she should continue on venlafaxine.
c) Venlafaxine should be continued and Medroxyprogesterone acetate should be added to decrease the risk of stroke.
d) Venlafaxine should be discontinued and Medroxyprogesterone acetate should be added to decrease the risk of endometrial cancer.

3. C.S. is a 49-year-old postmenopausal woman experiencing severe hot flashes, vaginal dryness, and pain during sexual intercourse. C.S. has a history of irregular heavy uterine bleeding, which resulted in a total hysterectomy 5 months ago. Her hot flashes are affecting her quality of life. Which treatment is best to recommend for C.S.?

a) Estradiol vaginal cream 0.1 mg/g.
b) Conjugated estrogen and medroxyprogesterone acetate 0.625 mg/2.5 mg tablets.
c) Conjugated estrogen 0.3-mg tablets.
d) Ospemifene 60-mg tablets.

4. S.F. is a 20-year-old woman initiated on ethinyl estradiol 30 mcg/drospirenone 3 mg oral tablets 5 months ago for contraception. She was recently prescribed lamotrigine for bipolar disorder. Which best describes the drug interaction that may occur with ethinyl estradiol/drospirenone and lamotrigine in this patient?

a) The effectiveness of ethinyl estradiol and drospirenone may be decreased.
b) The effectiveness of lamotrigine may be increased.
c) The effectiveness of lamotrigine may be decreased.
d) The effectiveness of ethinyl estradiol and drospirenone may be increased.

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5. K.M. is a 28-year-old woman (height 68 inches, weight 98 kg) with a history of migraine with aura who is seeking contraception. Her blood pressure today is 135/82 mm Hg; she denies smoking and alcohol use and states that she would like to have children in a year or so. Which is the best contraceptive agent for K.M.?

a) Levonorgestrel intrauterine system.
b) Oral norethindrone tablet.
c) Transdermal ethinyl estradiol/etonogestrel patch.
d) Oral ethinyl estradiol/desogestrel tablet.

6. L.L. is a 38-year-old woman who has been trying to conceive for the past 7 months. Her husband's medical examination is normal; L.L. is not ovulating every month. She has not tried any medications previously to induce ovulation. Which medication is best to initiate in L.L. to induce ovulation?

a) Human chorionic gonadotropin (hCG).
b) Nafarelin/gonadotropin-releasing hormone (GnRH) agonist.
c) Human menopausal gonadotropin (hMG).
d) Clomiphene.

7. T.G. is a 22-year-old woman who comes to a community pharmacy and asks about emergency contraception (EC). She states that she was out of town for the weekend and was swimming when her contraceptive vaginal ring slipped out. She has been without the ring for 3 days because she did not have a new one with her for replacement. She states she had unprotected intercourse 4 nights ago. She is worried about becoming pregnant. Which is the best recommendation for T.G.?

a) Recommend that she see her physician for a levonorgestrel 1.5 mg prescription.
b) Recommend EC; it may still be effective because she is within the 120-hour time window.
c) Do not recommend EC; it may be ineffective because she is beyond the 72-hour time window.
d) Do not recommend EC; instead, recommend that she insert a new contraceptive vaginal ring.

8. K.S. is a 45-year-old man who has difficulty maintaining an erection during intercourse. His medical history includes diabetes mellitus and hyperlipidemia. His drugs include aspirin, metformin, and pravastatin. Blood pressure is 130/81 mm Hg, hemoglobin A1C 6.2, total cholesterol 195 mg/dL, low-density lipoprotein cholesterol (LDL) 106 mg/dL, high-density lipoprotein cholesterol (HDL) 54 mg/dL, triglycerides 145 mg/dL, total testosterone concentration 970 ng/dL (reference range 270–1070 ng/dL), and free testosterone concentration 22 ng/dL (reference range 9–30 ng/ dL). Which drug is best to initiate for his erectile dysfunction?

a) Vardenafl.
b) Testosterone transdermal patch.
c) Yohimbine.
d) Fluoxetine.

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E.L. is a 50-year-old woman with hot flashes and vaginal irritation. She has tried exercise, diet, and antidepressants to help relieve her hot flashes but has been unsuccessful. She is otherwise healthy with no history of cancer and no surgical procedures. She states that her hot flashes are interfering with her daily activities and wants to try HT.

9. When counseling E.L. on the use of HT and explaining the WHI trial, which has been proven to be statistically significant with conjugated estrogen and medroxyprogesterone acetate?

a) Increased risk of VTE
b) Decreased risk of stroke
c) Decreased risk of MI
d) Increased risk of fractures

10. Which treatment is best to recommend to E.L.?

a) Estrogen patch 0.025 mg (17β-estradiol); change patch twice weekly.
b) Prasterone 6.5 mg vaginal inserts; insert vaginally once daily.
c) Conjugated estrogen 0.3 mg/medroxyprogesterone acetate 1.5 mg; take 1 tablet daily.
d) Ospemifene 60 mg; take 1 tablet daily

11. A 22-year-old woman started taking levonorgestrel 0.1 mg/ethinyl estradiol 20 mcg tablet daily 4 months ago for contraception. She has breakthrough bleeding at the start of her active pills that lasts a few days before resolving. As a pharmacist working under a collaborative practice agreement, which OC on her formulary is best to prescribe?

Name of OC	Estrogen Property	Progestin Property	Androgen Property
Levonorgestrel 0.1 mg/ethinyl estradiol 20 mcg	Low	Low	Low
Desogestrel 0.15 mg/ethinyl estradiol 30 mcg	Intermediate	High	Low
Norethindrone 0.5 mg/ethinyl estradiol 35 mcg	Low	Low	Low
Norethindrone acetate 1.5 mg/ethinyl estradiol 30 mcg	Low	High	High

a) Continue levonorgestrel 0.1 mg/ethinyl estradiol 20 mcg for another 3 months.
b) Change to desogestrel 0.15 mg/ethinyl estradiol 30 mcg.
c) Change to norethindrone acetate 1.5 mg/ethinyl estradiol 30 mcg.
d) Change to norethindrone 0.5 mg/ethinyl estradiol 35 mcg.

12. L.M., a 37-year-old woman (height 67 inches, weight 95 kg), states that she wants to begin contraception for now; however, she would like to have children in a year or so. Her medical history includes hypertension for 2 years and gastroesophageal reflux disease; she drinks 2 glasses of wine a week and smokes ½ pack of cigarettes/day. Her medications include hydrochlorothiazide 25 mg orally daily, amlodipine 5 mg /benazepril 20 mg orally daily, omeprazole 20 mg orally daily, and occasional ibuprofen. Which contraceptive product is best to recommend for L.M.?

a) Transdermal contraceptive patch
b) Oral tablet ethinyl estradiol/drospirenone
c) Oral tablet norethindrone
d) DMPA IM injection

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13. L.L. is a 26-year-old woman (height 61 inches, weight 78 kg) who has been trying to conceive for 13 months without success. She and her male partner would like to conceive in the next year or so. Her BMI is 32 kg/m2, and she has moderate acne and hirsutism. Her menstrual cycle is fairly regular at 26–27 days. Her partner's physical examination and semen analysis are normal. Her pelvic ultrasonography reveals polycystic ovaries, and she is given a diagnosis of PCOS. Which is the best frst-line agent to recommend to L.L. to help her conceive?

a) Consider weight loss and start clomiphene tablets.
b) Continue trying to conceive; make no recommendations at this time.
c) Start FSH injections.
d) Start hCG injections.

14. A 65-year-old man presents to his physician with symptoms that are determined to be erectile dysfunction. He has a history of hyperlipidemia, gastroesophageal reflux disease, and glucose intolerance. His medications include atorvastatin 40 mg orally daily, omeprazole 20 mg orally daily, and aspirin 81 mg orally daily as tolerated. He states that he has heard of medications to help with his symptoms but does not want to have to plan his intimate moments. Which drug would work best for this patient?

a) Tadalafl
b) Avanafl
c) Yohimbine
d) Bupropion

15. A 75-year-old woman reports urinary urgency, frequency, and loss of urine when she cannot get to the bathroom in time. She also wears a pad at night that she changes two or three times because of incontinence. Her medical history is significant for MCI (MMSE score 25/30), OA, and hypothyroidism. A urinalysis is negative for leukocyte esterase and nitrites. Physical examination is normal, and her PVR is normal (less than 100 mL). Which therapy would be best to initiate for this patient at this time?

a) Mirabegron.
b) Darifenacin.
c) Pelvic floor exercises and solifenacin.
d) Pelvic floor exercises and tolterodine immediate release.

16. An 85-year-old man with LUTS visits his physician, who determines his AUASI score is 15. His blood pressure is 118/70 mm Hg sitting. A digital rectal examination confirms the diagnosis of BPH, and the physician schedules a further workup including a prostate ultrasound, which shows a prostate volume of 31 g. Which therapy is best at this time?

a) Terazosin.
b) Finasteride plus saw palmetto.
c) Tamsulosin.
d) Finasteride plus tamsulosin

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Pharma Repro

A 69-year-old man is admitted to the hospital after a motorcycle collision. He had serious injuries resulting in a left leg above-the-knee amputation and has under gone several surgical procedures and rehabilitation in the past 2 weeks. His current medications include tamsulosin 0.4 mg daily, atenolol 25 mg daily, amlodipine 10 mg daily, senna/docusate 8.6/50 mg twice daily, oxycodone controlled release 10 mg every 12 hours, and hydromorphone 4 mg every 3 hours as needed for breakthrough pain (uses 1–2 daily). His blood pressure is 155/88 mm Hg, heart rate is 84 beats/minute, and postvoid residual (PVR) volume is 400 mL after voiding 110 mL. His chronic medical conditions are unremarkable except for hypertension, BPH, and gastroesophageal reflux disease.

17. Which intervention would be most appropriate for this patient?

a) Change tamsulosin to alfuzosin 10 mg once daily.
b) Increase atenolol to 50 mg daily.
c) Change tamsulosin to doxazosin 1 mg daily.
d) Reduce hydromorphone to 2 mg every 3 hours as needed for breakthrough pain.

18. One year later, the patient has returned for complaints related to his BPH. His blood pressure is 118/74 mm Hg, heart rate 78 beats/minute, and PVR volume is 220 mL after voiding 150 mL. Current medications include doxazosin 4 mg daily, atenolol 25 mg daily, and amlodipine 10 mg daily. What is the most appropriate intervention for this patient?

a) Initiate tadalafil 5 mg daily.
b) Initiate finasteride 5 mg daily.
c) Initiate alfuzosin 10 mg daily.
d) Initiate saw palmetto supplement daily 40 mg injected into affected joint.

19. Five patients with sexual dysfunction present to their primary care physician for evaluation and treatment. Which of the following would most likely benefit from treatment with this medication yohimbine?

a) A 19-year-old man with sexual arousal difficulties
b) A 29-year-old man with erectile and ejaculatory dysfunction
c) A 47-year-old man with erectile dysfunction and hypertension
d) A 57-year-old man with erectile dysfunction and diabetes mellitus
e) A 80-year-old man with erectile dysfunction and myocardial infarction

20. A young married couple has been unable to conceive after 3 years of unprotected intercourse. The husband's sperm count is normal. They both agree that they would like the wife to undergo fertility treatment. Which of the following drugs has the ability to either stimulate or inhibit ovulation depending only on the dosing schedule?

a) Bromocriptine
b) Clomiphene
c) Estrone sulfate
d) hCG
e) Leuprolide

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Pharma Repro

21. A 65-year-old woman with postmenopausal atrophy and hot flashes is prescribed with estrogen therapy by her primary care physician. She has a family history of endometrial cancer and is concerned about her risk for this condition. Which of the following statements is true?

a) Breast cancer is unlikely
b) Postmenopausal bleeding is unlikely
c) The risk can be offset by adding a proestrogen product
d) Thromboembolic events are unlikely

22. A 20-year-old woman becomes pregnant out of wedlock and wants to terminate the pregnancy with an oral abortifacient. The use of mifepristone (RU-486) as an oral abortifacient is based on which of the following characteristics?

a) Anticoagulant properties
b) Interference with progesterone
c) Potent mineralocorticoid activity
d) Teratogenicity
e) Uremic encephalopathy development

23. A 22-year-old woman is using a vaginal ring as a contraceptive agent. She has no other medical problems. She is concerned about device failure and becoming pregnant. What is the most likely reason for this failure to occur?

a) Having 1 of every 4 weeks vaginal ring free
b) Insertion into the vagina for 3 weeks
c) Low levels of ethinyl estradiol and etonogestrel
d) Slippage of the ring from the vaginal vault

24. A 19-year-old woman who was intoxicated at a party finds that she had nonconsenting sexual intercourse after awakening without clothes on the following morning. She presents to the ambulatory care clinic and is administered with postcoital contraception. She is still very concerned that she may become pregnant. An estimation of the risk of pregnancy in this scenario is approximately

a) 0%
b) 1% to 3%
c) 5%
d) 15%
e) 30%

25. A 38-year-old woman on oral contraceptives for 18 years thinks that this preparation may prove to be not only beneficial in preventing pregnancy but also beneficial in reduction of cancer risk. Which of the following cancers may show a decreased incidence because of her prolonged use of oral contraceptives?

a) Breast cancer
b) Cervical cancer
c) Lung cancer
d) Ovarian cancer
e) Thyroid cancer

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Pharma Repro

26. A 32-year-old woman with endometriosis of the uterus, pelvic sidewall, and bladder has chronic unrelenting pelvic pain. She is prescribed with danazol. Over the next few weeks, she experiences a 40% improvement in her symptoms. What physiologic changes are likely to be found in this patient as a result of this medication?

a) Decreased aromatase
b) Decreased hair growth
c) Decreased libido
d) Decreased FSH
e) Decreased testosterone

27. An 18-year-old male high school baseball player is interested in improving his hitting ability. He receives twice weekly injections of anabolic steroids. Over the next year, which of the following effects would be likely observed in this patient?

a) Depression
b) Hepatic hemangioma
c) Premature epiphyseal long bone closing
d) Testicular hyperplasia
e) Tubercle development

28. A 49-year-old woman with a history of hypertension is treated with spironolactone. She has good blood pressure control and in the last 6 months has shown an improvement in her hirsutism. What is the most likely explanation for these findings?

a) Androgen receptor inhibition of the hair follicle
b) Drug toxicity
c) Hypoaldosteronism
d) Testosterone levels are elevated
e) Idiopathic effect

29. A 78-year-old woman who is still an active tennis player has osteoporosis. She has been treated with calcium supplementation and now begins therapy with teriparatide. This unique agent is a recombinant segment of which of the following hormones?

a) Follicle-stimulating hormone
b) Growth hormone
c) Luteinizing hormone
d) Parathyroid hormone
e) Thyroid hormone

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Pharma Repro

30. A 16-year-old girl with primary dysmenorrhea, abnormal menses, and pelvic pain presents to her primary care physician for treatment. She has a history of asthma and allergic rhinitis. Her physician begins therapy with oral estradiol. Which of the following is the most common adverse effect for this patient to be aware of?

a) Blood clotting
b) Breast discharge
c) Diarrhea
d) Nausea
e) Vomiting

31. A 16-year-old girl plans to become sexually active. She does not want a pregnancy, so she requests an oral contraceptive pill from her primary care physician. The physician prescribes a pill that contains both an estrogen analog and a progesterone analog. What is an effect of the progesterone analog?

a) Hirsutism
b) Milk production
c) Peripheral muscle wasting
d) Sodium retention
e) Thickened cervical mucus

32. A 51-year-old premenopausal woman requests an estrogen-containing contraceptive from her primary care physician. Her social history is significant for being sexually active, smoking one pack per day of cigarettes, and consuming one to two alcoholic drinks per week. She has no personal or family history of breast, ovarian, or endometrial cancer. Why might be the physician will choose to avoid an estrogen-containing contraceptive?

a) The patient is at high risk for developing cancer
b) The physician fears a disulfiram-like reaction
c) The physician fears that estrogen will disrupt the patient's lipid profile and increase her risk of cardiovascular disease
d) The physician has no reason to avoid an estrogen containing contraceptive
e) This patient has a high risk of thromboembolism

33. A 26-year-old woman with infertility and her 23-yearold husband with a history of bilateral undescended testicles desires to start a family. She is currently taking a fertility medication but is troubled by some unusual and troubling side effects. She experiences heat and cold intolerance and mood swings. She complains of visual changes, and this makes her depressed. Which of the following medications is she most likely taking?

a) Clomiphene citrate
b) Danocrine
c) Human chorionic gonadotropin
d) Pulsatile GnRH
e) Pergonal (human gonadotropins)

Pharma Repro

34. A 43-year-old man with a history of low libido and erectile dysfunction presents to his primary care physician for treatment. Physical examination reveals normal testicular size. Serum testosterone is 200 mg/dL. He is on treatment with testosterone 1% gel. Which of the following adverse effects is possible as a result of this preparation?

a) Breast pain
b) Hypotension
c) Prostate inflammation
d) Stomatitis
e) Virilization in adults

35. A week-old newborn male presents to clinic for a routine checkup. His birth history and delivery were uncomplicated. He is being breastfed and has had no difficulty feeding. The parents are concerned because he does not seem to have male genital characteristics. Physical examination reveals female external genitalia seen without a scrotum or descended testicles. What androgen is the patient lacking that is the cause of his condition?

a) Androstenedione
b) Androsterone
c) Dehydroepiandrosterone (DHEA)
d) Dihydrotestosterone (DHT)
e) Testosterone

36. A 78-year-old postmenopausal woman has been steadily losing weight over the past 6 months. She has no family history of breast or endometrial cancer. Which steroid hormone could she be given to increase her appetite?

a) Drospirenone
b) Ethinyl estradiol
c) Medroxyprogesterone
d) Megestrol
e) Norgestrel

37. A 27-year-old woman presents to clinic with infertility over the past 2 years. Her husband had a normal sperm analysis. She has also had weight gain and increased facial hair. Her labs show an increase in both her LH and FSH, with a ratio of LH:FSH of 2:1. What is the most appropriate medication to help her with her infertility?

a) Clomiphene
b) Combined estrogen–progestin pill
c) Dinoprostone
d) Estrogen
e) Mifepristone

Pharma Repro

38. A 76-year-old man presents to the clinic for follow-up of his benign prostatic hyperplasia. He has been doing well with his symptoms since starting finasteride. He no longer has as much difficulty starting his stream and feels that he empties his bladder completely. What is the mechanism of action of finasteride?

a) 5a-Reductase inhibitor
b) a1-Antagonist
c) GnRH agonist
d) GnRH antagonist
e) Nonsteroidal competitive inhibitor at the testosterone receptor

39. A young married couple complains of being unable to conceive after 9 months of unprotected sex. The wife has normal TSH and FSH levels and a normal pelvic exam. They agree to a trial of letrozole to see if they can increase their fecundity. How does letrozole work?

a) Blocks E2 receptors on the hypothalamus
b) Increases sperm production
c) Inhibits aromatase
d) Stimulates follicular development
e) Suppresses prolactin secretion

40. An 18-year-old woman presents to the primary care clinic for a routine visit. She has been feeling well over the past year. She tells the physician she is in a long-term relationship with a boyfriend and has been sexually active. She would like to start using oral contraceptive pills. The physician should inform the patient about what possible side effect?

a) Headaches
b) Increased menstrual bleeding
c) Increased risk of ovarian cancer
d) Venous thromboembolism
e) Weight gain

41. A 54-year-old woman presents to the primary care clinic with hot flashes and irregular menstrual cycles. These symptoms started about 3 months ago and have worsened recently. She has always had regular menstrual cycles until 3 months ago. She would like to start hormone replacement therapy but estrogen only. What is a common side effect of unopposed estrogen replacement therapy?

a) Depression
b) Increased risk of endometrial cancer
c) Osteoporosis
d) Rash
e) Vaginal atrophy

Pharma Repro

42. A 67-year-old woman complains of "wetting herself" occasionally. With further questioning, the physician learns that she feels sudden urges to urinate and can rarely make it to a restroom in time. She does not complain of urinating with coughing or sneezing. The physician prescribes darifenacin to help with her symptoms. Which of the following is a property of darifenacin?

a) Blocks muscarinic cholinergic receptors
b) Blocks nicotinic cholinergic receptors
c) Increases sphincter tone
d) Inhibits a-adrenergic receptors
e) Inhibits b-adrenergic receptors

43. Which of the following is correct regarding α-adrenergic blockers?

a) α-Adrenergic blockers are used in the treatment of hypotension in anaphylactic shock.
b) α-Adrenergic blockers are used in the treatment of benign prostatic hyperplasia (BPH).
c) α-Adrenergic blockers may cause bradycardia.
d) α-Adrenergic blockers reduce the frequency of urination.

44. Which of the following drugs has the highest potential to worsen orthostatic hypotension when given together with prazosin?

a) Propranolol
b) Atenolol
c) Nebivolol
d) Labetalol

45. Which is CORRECT regarding the mechanism of action of phosphodiesterase-5 (PDE-5) inhibitors?

a) PDE-5 inhibitors increase prostaglandin production.
b) PDE-5 inhibitors enhance the effect of nitric oxide.
c) PDE-5 inhibitors cause vasoconstriction of the erection chamber.
d) PDE-5 inhibitors antagonize cyclic GMP.

46. When selecting between the available PDE-5 inhibitors for treatment of ED, which is an important consideration?

a) Tadalafil has the shortest half-life of the PDE-5 inhibitors.
b) Sildenafil should be given with food to increase absorption.
c) Vardenafil ODT doses are not equal to film-coated vardenafil doses.
d) Avanafil should be taken at least 1 hour before intercourse.

47. A patient who is taking a PDE-5 inhibitor for ED is diagnosed with angina. Which antianginal medication would be of particular concern in this patient?

a) Metoprolol
b) Diltiazem
c) Amlodipine
d) Nitroglycerin

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Pharma Repro

48. Which BEST describes the mechanism of action of alprostadil?

a) Alprostadil blocks cGMP.
b) Alprostadil blocks nitric oxide.
c) Alprostadil increases PDE-5.
d) Alprostadil increases cAMP.

49. Which is CORRECT regarding local administration of alprostadil?

a) Local administration of alprostadil allows for low systemic absorption.
b) Local administration of alprostadil increases the chance of drug interactions.
c) Local administration of alprostadil is accomplished by application of a cream.
d) Local administration of alprostadil causes changes in color vision.

50. Which is the BEST description of the mechanism of action of dutasteride?

a) Dutasteride blocks 5-α reductase.
b) Dutasteride blocks α1A receptors.
c) Dutasteride blocks PDE-5.
d) Dutasteride blocks α1A and α1B receptors.

51. A patient is worried about starting terazosin because he is very sensitive to side effects of medications. Which adverse effect would be most expected in this patient?

a) Erectile dysfunction
b) Gynecomastia
c) Dizziness
d) Vomiting

52. Which describes an important difference between terazosin and tamsulosin?

a) Terazosin blocks α1A receptors, whereas tamsulosin blocks α1A and α1B receptors.
b) Terazosin blocks α1A and α1B receptors, whereas tamsulosin blocks α1A receptors.
c) Terazosin blocks 5-α reductase, whereas tamsulosin blocks PDE-5.
d) Terazosin must be taken with food, whereas tamsulosin can be taken on an empty stomach.

53. Which is CORRECT regarding finasteride?

a) Finasteride is associated with significant hypotension.
b) Finasteride is associated with birth defects.
c) Finasteride is effective within 2 weeks of initiation.
d) Finasteride is renally eliminated.

Pharma Repro

54. A 70-year-old man with BPH and an enlarged prostate continues to have urinary symptoms after an adequate trial of tamsulosin. Dutasteride is added to his therapy. In addition to tamsulosin, he is also taking hydrochlorothiazide, testosterone, and vardenafil as needed before intercourse. Which of his medications could have an interaction with dutasteride?

a) Hydrochlorothiazide
b) Tamsulosin
c) Testosterone
d) Vardenafil

55. A 70-year-old man with hypertension and decreased urinary flow presents to his primary care physician for treatment of his urinary symptoms. His current medications include a calcium channel blocker. Physical examination reveals a 20-g prostate without nodules. Which of the following is the most efficacious treatment for this patient with minimal potential for adverse events?

a) Alfuzosin
b) Doxazosin
c) Phenoxybenzamine
d) Phentolamine
e) Tamsulosin

56. A 51-year-old man presents to the urology clinic with difficulty starting and stopping his stream during urination. The symptoms have been worsening over the past year. He also reports that he does not feel he empties his bladder completely. He is started on tamsulosin for benign prostatic hyperplasia. What is a common side effect of tamsulosin?

a) Cough
b) Hemorrhagic cystitis
c) Hypercoagulable state
d) Impaired blue-green vision
e) Orthostatic hypotension

57. A 73-year-old man presents to his primary care physician complaining of a weak stream and nocturia four times at night. He is very sensitive to the medication side effects and is reluctant to take medications for this reason. Physical examination reveals a mildly enlarged prostate. Treatment of this condition may involve the use of which of the following agents to minimize side effects?

a) Alfuzosin
b) Doxazosin
c) Prazosin
d) Tamsulosin
e) Terazosin

Pharma Repro

58. A 56-year-old man presents to his primary care physician complaining of difficulty urinating. Digital rectal exam reveals an enlarged prostate. The patient is started on a trial of terazosin, after which his symptoms improve dramatically. Which of the following describes terazosin's drug class?

a) a1-Adrenergic antagonist
b) a2-Adrenergic antagonist
c) Anticholinergic
d) b2-Adrenergic agonist
e) b2-Adrenergic antagonist

59. A 56-year-old man presents to his primary care physician complaining of difficulty urinating. Digital rectal exam reveals an enlarged prostate. The patient is started on a trial of terazosin, after which his symptoms improve dramatically. Which of the following side effects is he most likely to experience?

a) Diarrhea
b) Dizziness
c) Flatulence
d) Headache
e) Priapism

60. A 76-year-old man presents to the clinic for follow-up of his benign prostatic hyperplasia. He has been doing well with his symptoms since starting finasteride. He no longer has as much difficulty starting his stream and feels that he empties his bladder completely. What is the mechanism of action of finasteride?

a) 5a-Reductase inhibitor
b) a1-Antagonist
c) GnRH agonist
d) GnRH antagonist
e) Nonsteroidal competitive inhibitor at the testosterone receptor.