ADRENERGICS, GLAUCOMA.

ESSAY

1. **An elderly male aged 70 yrs was brought to the OPD with c/o difficulty in passing urine,poor stream & post void dribbling. Examination revealed that he had benign prostatic hypertrophy. And his BP was 180/100 mm Hg (2+2+2) (July19)**
    - **a. What drug will you prescribe to take care of both BPH and HTN**
    - **b. Explain the MOA of the drug in this patient**
    - **c. What do you understand by first dose effect of Prazosin**
2. **Enumerate the topical group of agents used in the treatment of open angle glaucoma. Give examples and explain the MOA of each group of drugs (Feb 19)**
3. **Classify beta blockers with one example each. Mention thepharmacological axns, therapeutic uses and ADR of propranolol [2+2+2] [sep 2014]**
4. **Enumerate beta blockers. Explain 6 uses and 2 contraindications of beta blockers**
5. **50 yr Ramesh, type 1 diabetic on insulin developed hypertension. He was given a prescription with propranolol . Answer the following.(2+2+2) (July 18)**
    - **Is the use of propranolol justified.**
    - **What should be the line of management**
    - **What is the role of propranolol in myocardial infarction**

SHORT NOTES

1. Propranolol (may 22)
2. Nasal decongestants [sep 2013]

3. Dopamine [sep 2014]
4. Amphetamine [sep 15]
5. Uses of adrenaline
6. Uses of adrenergic drugs [feb 16]
7. Vasopressors used in shock
8. Dales vasomotor reversal
9. Prazosin (Feb 21)
10. Mx of acute congestive glaucoma
11. Carvedilol [sep 2016]
12. Dopamine in cardiogenic shock [feb 16]

Choose the drug & Justify

1. Physostigmine/ Neostigmine in atropine poisoning (May 22)
2. Physostigmine/ Neostigmine in glaucoma management (Feb 20)

1. Adrenaline/ NE in anaphylactic shock (CBME 23 Jan)
3.

SHORT ANSWERS (4)

1. Enumerate 4 therapeutic uses of adrenaline with rationale for its use
2. Pharmacotherapy of anaphylactic shock with rationale for the use of each drug (feb 24)

WRITE BRIEFLY

1. Use of prazosin in BPH [feb 17](July 18)
2. Dipivefrine [feb 17]
3. Rationale for the use of adrenaline in anaphylactic shock [sep 2013](Feb21) (may 22)
4. Rationale for use of terazosin in benign prostatic hypertrophy [feb 2015]
5. 2 uses and 2 ADR of propranolol [feb 2015]
6. Rationale for using adrenaline along with local anesthetics [sep 2014]

7. Explain the use of propranolol in thyrotoxicosis [feb 18]
8. Rationale – pilocarpinein glaucoma (July 18)
9. Rationale – dopamine in cardiogenic shock
10. Rationale – salbutamol in asthma
11. Rationale – phenoxybenzamine in pheochromocytoma
12. Adrenaline + lignocaine contraindicated in surgery of fingers &toes
13. Hypertonic manitol in a/c congestive glaucoma
14. Latanoprost in glaucoma
15. Beta blockers in glaucoma
16. Drug interaction – propranolol + insulin
17. MOA- phenoxybenzamine, prazosin
18. PB- combination of adrenaline with lignocaine in infiltration local anaesthesis (July19)
19. PB – beta blockers in angina (Feb20) (may 21)

Choose the drug & justify

1. **Prazosin/Phentolamine for the treatment of Benign hypertrophy of prostate (BPH) in elderly patients (feb 24)**

2 uses, 2 ADR

1. Clonidine (July19)
2. Prazosin (Feb 20)
3. Propranolol (feb 24)

NAME 2 DRUGS

3. Centrally acting alpha 2 agonists (CBME 23 Jan)
1. Open angle glaucoma (July19)
2. Selective alpha blockers [Aug 2017]
3. Acute glaucoma [feb 17] [feb 18]
4. Cardioselective beta blockers [sep 2013] [sep 15] (July19)
5. Nasal decongestants [feb 2015] [sep 15]
6. BPH [sep 2014]

7. Anaphylactic shock [sep 2014]
8. Beta 2 sympathomimetic drugs (JULY 18)
9. Indirect sympathomimetics
10. Adrenergic agonist used as mydriatic
11. Beta 2 agonists used as uterine relaxants
12. Beta blockers with additional alpha blocking axn
13. Beta blockers in glaucoma
14. Noncardiac uses of beta blockers
15. PG analogue used in glaucoma
16. Clonidine derivatives used in eye
4. Topical carbonic anhydrase inhibitors used in glaucoma(CBME 23 Jan) (feb 24)
17.

CHOLINERGICS, SMR

ESSAY

1. Classify anticholinergics. Describe the pharmacological actions, therapeutic uses and contraindications of atropine. (2+2+1+1) feb 21)

2. Classify atropine substitutes. Explain their uses & ADR (may 22)

3. OP poisoning

a. MOA, clinical features and Rx

b. Classify anticholine esterases

4. 19 yr old Saravanan was admitted to emergency dept with h/o consumption of poison after love failure. On admission,he has profuse sweating, excessive salivation, labored breathing & pinpoint pupil. He had thrown convulsions once . His pulse rate was 40- 50 /ml [Feb 19] (feb24)

a. What is your probable diagnosis

b. Line of management

c. What are the specific antidotes. How they are useful . [MOA and rationale – feb 24]

5. 30 yr old man was admitted in emergency with acute abdominal pain. After diagnosed with acute appendivitis, he was taken for surgery. On the operation tab;le after administration of SMR,patient developed difficulty in breathing and went in for apnoea. [sep 15]

   50 yr old administered Sch for endotracheal intubation. He developed prolonged muscle paralysis and apnoea (may 21)

   a. Which SMR is responsible for this axn
   b. What is the reason for apnoea
   c. How will you manage the patient [1+3+2]
   d. Name 2 muscle relaxants you can use in future for this patient (may 21)

6. Read the clinical problem & answer

   After injection of succinyl choline iv to produce muscle relaxation,patient developed prolonged apnoea.

   a. What is the probable reason for this
   b. Can edrophonium be given as antidote. If yes, why and if not ,why ?
   c. What is the line of treatment ? [2+2+2] [Aug 2017]

SHORT ESSAY

1. Classify peripherally acting SMR. Mention one centrally acting SMR with its MOA & indications of use (CBME 23 Jan)

SHORT NOTES

1. Signs &symptoms of Atropine toxicity. Management (CBME 23 Jan)
2. Rx of organophosphorous poisoning [sep 2013] [sep 2014]
3. Atropine [feb 2015]
4. Rx of anticholine esterase poisoning [apr 2013]
5. Neostigmine [Aug 2017] (feb 24)

6. Edrophonium [feb 18]
7. Atropine derivatives used in eye
8. Uses of anticholine esterases
9. Uses of neostigmine
10. Therapeutic uses & ADR of atropine [sep 2016]
11. Rx of myasthenia gravis
12. Pancuronium [sep 2016]
13. Baclofen
14. Succinyl choline

WRITE BRIEFLY

1. Explain briefly why physostigmine is preferred over neostigmine for treatment of glaucoma [feb 2015]
2. MOA- dantrolene sodium [sep 2014]
3. Atracurium [feb 18]
4. Rationale for using dantrolene sodium in malignant hyperthermia (July18) (Feb 19)
5. Succinyl choline apnoea
6. Rationale for using pilocarpine in glaucoma
7. Rationale for using bethenachol in post operative urinary retention
8. Rationale for using neostigmine in myasthenia gravis
9. Rationale for using oximes in OP poisoning [Aug 2017]
10. Rationale for using neostigmine in post operative decurarisation / cobra bite
11. Rationale for using physostigmine in glaucoma
12. Rationale for using glycopyrolate as pre anaesthetic medication
13. Rationale for using ipratropium in asthma
14. Rationale for using Sch in endotracheal intubation
15. Rationale for use of physostigmine in atropine poisoning [sep 15]

Write the PB for the use of

1. Atropine as antisecretory agent (feb 19)

2 uses & 2 ADR

1. dTubocurarine

NAME 2 DRUGS

1. Peripherally acting SMR [sep 2013]
2. Cholinesterase reactivators [sep 15]
3. Centrally acting SMR [sep 15] (May 22) (feb 24)
4. Histamine releasers [feb 18]
5. Competitive neuromuscular blockers (July18)
6. Cerebro selective anticholine esterases
7. Anticholine esterase used in myasthenia
8. Anticholine esterase used as diagnostic agent in myasthenia
9. Oximes which can cross BBB
10. Anticholinergic drugs used in asthma
11. Atropine derivatives used in eye
12. Vasicoselective anticholinergic drugs (Feb 20) (CBME 23 Jan)
13. Anticholinergic used in motion sickness [sep 2016]
14. Central anticholinergic used in parkinsonism
15. Preferred mydriatic for fundoscopy in elderly
16. Drugs in myasthenia gravis [sep 2016]
17. Mx of OP poisoning [feb 16]
18. Antimscarinic drugs [Aug 2017]

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