

Hypertension

MCQs

- all done as initial screening in HTN except?

Brain natriuretic peptide

- In systemic arterial hypertension. One statement is false

Select one:

- a. Kidneys regulate blood pressure by controlling intravascular volume.
- b. Cardiac complications of HTN include diastolic dysfunction and coronary artery disease.
- c. HTN is generally asymptomatic and easily diagnosed.
- d. Secondary hypertension HTN is usually familial**
- e. Hyperglycemia is a known side effect of frusemide

- Recognized cause of the 2ry HTN include all of the following except :

- a) Conns syndrome
- b) 1ry hypoaldosteronism**
- c) Acromegaly
- d) Estrogen-containing oral contraceptive
- e) Thyrotoxicosis

- most common cause of death in HTN?

Answer: **MI**

- Patient come to clinic due to attack of syncope and doctor approved that his newdrug is the real cause of these attack of syncope , which less likely drug :

Aminoglycoside (all of them are HTN drugs + procainamide)

- Cause of HTN

- coarctation of the aorta

- Detrimental effects of HTN include all of the following except :

- a) LVH and dyastolic dysfunction
- b) Thromboembolic stroke just thrombotic or hemorrhagic
- c) Sclerotic and markedly spastic retinal arteries
- d) Aortic dissection
- e) Acute renal failure

- In coarctation of the aorta, all are true except:
 - Usually congenital and maybe required
 - Usually situated just distal to the origin of left subclavian artery
 - Associated with increased incidence of bicuspid aortic valve
 - It is an uncommon cause of hypertension in adults
 - It is a cause to left to right shunting of blood ??
- Radiofemoral delay present in one of the following condition?
 - In Angina pectoris
 - Coarctation of the aorta**
 - Renal artery stenosis
 - Heart failure
 - secondary hypertention
- All of the following are causes of secondary hypertension, except:
 - Coarctation of the aorta\
 - Renal artery stenosis\
 - Pheochromocytoma\
 - Female hormones nad NSAIDS\
 - Increase in arteriolar peripheral resistance

Drug-induced hypertension associated with NSAIDs is due to the renal effects of these drugs. Specifically, NSAIDs cause dose-related increases in sodium and water retention. This effect is also seen with COX-2 selective agents, such as celecoxib.[11]

- a 50 year old was found to have a heart murmur. On examination his BP in the right arm is 160/100 and in the right leg 120/80. CXR showed rib notching in the upper ribs. What's the likely Diagnosis?
 - Coarctation of the aorta xxx**
 - Supravalvular aortic stenosis
- In renovascular hypertension the following statements are true except ?
 - Mechanism of hypertension is increased renin levels
 - Etiology is fibromuscular dysplasia or atherosclerosis
 - Onset < 30 years and > 55years without family history or recent onset
 - Increase in vanilmandilic acid (VMA)**
 - Reccurent pulmonary oedema is a clue for diagnosis

- A 48-year-old woman is evaluated during a follow-up visit for hypertension. Blood pressure measurements taken at the past three visits have been in the range of 135 to 146 mm Hg systolic and 86 to 92 mm Hg diastolic. Twenty-four-hour ambulatory blood pressure monitoring shows an overall mean blood pressure of 136/84 mm Hg; daytime readings average 138/85 mm Hg, and nighttime readings average 130/82 mm Hg. She has no other pertinent personal or family history. She takes no medications. On physical examination, blood pressure is 146/92 mm Hg, and pulse rate is 76/min. BMI is 29. The remainder of the examination is unremarkable.

Laboratory studies show a normal chemistry panel; a urine dipstick demonstrates no protein. Which of the following is the most appropriate next step in management? Select one:

- a. **Begin ACE-inhibitor**
- b. Begin Ca-channel blocker ??
- c. Recheck blood pressure in the office in 6 months
- d. Recheck blood pressure in the office in 1 year
- e. Repeat 24-hour ambulatory blood pressure monitoring

- all of the following investigation should be done for patients newly diagnosed hypertension except?

- a- Urinalysis
- b- Renal profile
- c- Ecg
- d- Chest x ray
- e- **Brain natriuretic peptide**

- Not related to hypertension treatment aw hek eshi
statin

- Most common cause of death in hypertensive pts ?
CVA , MI

- In renovascular hypertension the following statements are true except :

- a) Mechanism of hypertension is increased renin levels
- b) Etiology is fibromuscular dysplasia or atherosclerosis
- c) Onset < 30 years without family history or recent onset >55 years
- d) **Treatment is usually by ACE-inhibitors if bilateral xxxx**
- e) Recurrent pulmonary oedema is a clue for diagnosis

- Wrong about hypertension:

A. Complications start >140/90 Answer: ????

- A diabetic patient was diagnosed with new hypertension, best management:

A. Thiazide

B. Enalapril

C. Furosemide

- All cause hyperkalemia, except:

A. ACEI

B. Furosemide

C. RTA type 4

- The most common cause of portal hypertension is:

a. Liver cirrhosis

- ONE of the following is the mode of action for B-Blockers in controlling hypertension.

a- decrease cardiac output.

b- Slow the heart rate

c- Increase cardiac force of contraction

d- Increase cardiac output

e- Decrease plasma volume

- A 70 hypertensive woman patient with mild left hemiparesis and finding of persistent atrial fibrillation. Optimal treatment with anti-hypertensive drugs would be ONE of the following

a- close observation

b- permanent pace maker

c- aspirin

d- warfarin

e- I.V heparin

- ONE of the following is used in treatment of hypertensive Emergency :

a- I.V atenolol (tenormin) b- oral captopril

c- sublingual nifedipine

d- continuous infusion of sodium nitroprusside

e- oral alpha methyl dopa

• All the following are correct about non-pharmacological therapy in all hypertensive patient Except.

a- weight reduction –BMI- should be $< 25 \text{ Kg/m}^2$ *****

b- low fat and saturated fat diet

c- low sodium diet < 2 gram per day

d- dynamic exercise

e- stop smoking

• One of the following causes of portal hypertension is caused by Presinusoidal intrahepatic pathology:

Veno-occlusive disease

Schistosomiasis

Viral hepatitis

Alcohol Hepatitis

Congestive heart failure