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Question: 1

Which of the following medications is a rapid-acting insulin?

- A. Insulin glargine (Lantus)
- B. Insulin detemir (Levemir)
- C. Insulin aspart (NovoLog)
- D. Insulin glulisine (Apidra)
- E. Insulin lispro (Humalog)

Answer: C

Explanation: Rapid-acting insulin is a type of insulin that is characterized by its quick onset of action and shorter duration. It is typically taken just before meals to help control post-meal blood sugar spikes. Insulin aspart (NovoLog) is a rapid-acting insulin analog that starts working within 10-20 minutes after injection and reaches its peak effect within 1-3 hours. Options A and B refer to long-acting insulins, while options D and E refer to other rapid-acting insulin analogs.

Question: 2

A patient with type 2 diabetes is considering using an herbal supplement for glycemic control. Which of the following should be considered when discussing the use of non-prescription preparations?

- A. Herbal supplements are generally safe and can be used without any concerns.
- B. Non-prescription preparations are not regulated by any authorities.
- C. Herbal supplements can have interactions with prescribed medications.
- D. Non-prescription preparations are proven to be effective in managing diabetes.

Answer: C

Explanation: When discussing the use of non-prescription preparations, it is important to highlight that herbal supplements can have interactions with prescribed medications. Many herbal supplements can interact with antidiabetic medications, leading to unpredictable effects on blood glucose levels. Additionally, non-prescription preparations are not regulated by authorities like the FDA, so their safety and efficacy may not be well-established. It is crucial for patients to consult with their healthcare provider before using any non-prescription preparations.

Question: 3

Which of the following is a potential side effect of thiazolidinediones (TZDs)?

- A. Hypoglycemia
- B. Weight gain
- C. Gastrointestinal upset
- D. Increased heart rate

Answer: B

Explanation: Thiazolidinediones (TZDs) can cause weight gain as a side effect. They are associated with fluid retention and an increase in adipose tissue. Hypoglycemia is more commonly associated with other classes of antidiabetic medications, such as sulfonylureas or insulin. Gastrointestinal upset and increased heart rate are not typical side effects of TZDs.

Question: 4

Which of the following is a potential side effect of using sodium-glucose co-transporter-2 (SGLT2) inhibitors?

- A. Hypoglycemia
- B. Weight gain
- C. Gastrointestinal upset
- D. Increased risk of urinary tract infections
- E. Increased blood pressure

Answer: D

Explanation: Sodium-glucose co-transporter-2 (SGLT2) inhibitors are a class of medications used to treat type 2 diabetes. They work by inhibiting the reabsorption of glucose in the kidneys, leading to increased glucose excretion in the urine. While SGLT2 inhibitors are generally well-tolerated, a potential side effect associated with their use is an increased risk of urinary tract infections. This is because the increased glucose in the urine can provide a favorable environment for bacterial growth. Options A, B, C, and E are not commonly associated with SGLT2 inhibitors. Hypoglycemia is more commonly associated with other diabetes medications, weight gain is not a typical side effect of SGLT2 inhibitors, gastrointestinal upset is more commonly associated with metformin, and SGLT2 inhibitors tend to have a modest blood pressure-lowering effect.

Question: 5

Which of the following medications is classified as a long-acting basal insulin?

- A. Lispro (Humalog)
- B. Aspart (NovoLog)
- C. Glargine (Lantus)
- D. Regular (Novolin R)

Answer: C

Explanation: Glargine (Lantus) is a long-acting basal insulin that provides a relatively constant level of insulin action over a 24-hour period. Lispro (Humalog) and Aspart (NovoLog) are examples of rapid-acting insulins used to cover mealtime insulin needs. Regular (Novolin R) is a short-acting insulin with an onset of action within 30 minutes.

Question: 6

A patient with type 1 diabetes is experiencing recurrent hypoglycemic episodes. Which of the following adjustments to the insulin regimen is most appropriate?

- A. Increasing the basal insulin dose
- B. Decreasing the basal insulin dose
- C. Increasing the prandial insulin dose
- D. Decreasing the prandial insulin dose

Answer: D

Explanation: Recurrent hypoglycemic episodes in a patient with type 1 diabetes may suggest excessive prandial insulin doses. Prandial insulin refers to the insulin administered before meals to cover the rise in blood glucose following food intake. To prevent hypoglycemia, it may be necessary to decrease the prandial insulin dose while maintaining the basal insulin dose. Increasing the basal insulin dose or decreasing the prandial insulin dose would likely exacerbate hypoglycemia.

Question: 7

Which of the following delivery systems provides continuous subcutaneous insulin infusion?

- A. Pen device

- B. Insulin jet injector
- C. Insulin pump
- D. Insulin patch

Answer: C

Explanation: An insulin pump is a delivery system that provides continuous subcutaneous insulin infusion. It delivers a basal rate of insulin throughout the day and allows for bolus doses at mealtime. Pen devices are used for administering insulin injections, while insulin jet injectors use high-pressure air to deliver insulin without the need for needles. Insulin patches are not currently available as a delivery system for insulin.

Question: 8

According to ADA guidelines, which of the following statements is true regarding the management of type 2 diabetes?

- A. Lifestyle modifications are not recommended as a first-line treatment option.
- B. Pharmacological intervention should be initiated immediately upon diagnosis.
- C. Metformin is the preferred initial pharmacological agent in most patients.
- D. Insulin therapy should be initiated before attempting other treatment options.

Answer: C

Explanation: According to ADA guidelines, lifestyle modifications, including weight loss, healthy diet, and exercise, are recommended as the first-line treatment for type 2 diabetes. However, if lifestyle modifications alone are not sufficient to achieve glycemic control, pharmacological intervention should be considered. Metformin is the preferred initial pharmacological agent in most patients, unless contraindicated. Insulin therapy is usually reserved for cases where other treatment options have failed to achieve glycemic targets.

Question: 9

Which of the following is a potential acute complication of diabetes characterized by hyperglycemia, ketosis, and metabolic acidosis?

- A. Hypoglycemia
- B. Hyperglycemic Hyperosmolar State (HHS)
- C. Diabetic Ketoacidosis (DKA)
- D. Chronic Kidney Disease (CKD)

Answer: C

Explanation: Diabetic Ketoacidosis (DKA) is an acute complication of diabetes characterized by hyperglycemia, ketosis, and metabolic acidosis. It is more commonly seen in individuals with type 1 diabetes but can also occur in individuals with type 2 diabetes under certain circumstances. Hypoglycemia refers to low blood glucose levels, while Hyperglycemic Hyperosmolar State (HHS) is a distinct acute complication characterized by severe hyperglycemia and dehydration. Chronic Kidney Disease (CKD) is a chronic complication of diabetes affecting the kidneys.

Question: 10

All of the following are true about insulin except:

- A. Most people with type 1 diabetes take insulin by injecting it with a needle and syringe or an insulin pen to mimic normal insulin release as closely as possible.
- B. People without diabetes have a high level of insulin available in the blood most of the time.
- C. A regular schedule of insulin injections using different forms of insulin

needs to be developed for those with type 1 diabetes.

D. Closed loop systems that automatically deliver the necessary amount of insulin are being developed.

E. Insulin can be administered through various methods, including insulin pumps and inhalation devices.

Answer: B

Explanation: Insulin is a hormone produced by the pancreas that regulates blood sugar levels. In people without diabetes, insulin is released in response to elevated blood sugar levels and helps transport glucose into cells for energy. However, individuals with type 1 diabetes, who do not produce enough or any insulin, need to inject insulin to maintain normal blood sugar levels. Therefore, option B is incorrect as it states that people without diabetes have a high level of insulin available in the blood most of the time, which is not true.

Question: 11

Which of the following medications used in the treatment of diabetes is known to have significant drug-drug interactions with statins?

A. Metformin

B. Glipizide

C. Pioglitazone

D. Sitagliptin

Answer: C

Explanation: Pioglitazone, a thiazolidinedione (TZD), is known to have significant drug-drug interactions with statins. It can increase the plasma concentration of certain statins, such as simvastatin and lovastatin, leading to an increased risk of statin-induced myopathy or rhabdomyolysis. Metformin,

glipizide, and sitagliptin do not have significant interactions with statins.

Question: 12

Which of the following is a characteristic of diabetic ketoacidosis (DKA)?

- A. Hyperglycemia with ketosis
- B. Hypoglycemia with acidosis
- C. Hypoglycemia with ketosis
- D. Normoglycemia with acidosis
- E. Normoglycemia with ketosis

Answer: A

Explanation: Diabetic ketoacidosis (DKA) is a serious complication of diabetes characterized by hyperglycemia (high blood sugar) and ketosis. It most commonly occurs in individuals with type 1 diabetes but can also occur in people with type 2 diabetes under certain circumstances. DKA is typically triggered by a combination of high blood sugar levels, insulin deficiency, and an increase in counter-regulatory hormones such as glucagon and catecholamines. The presence of ketones in the blood and urine is a defining feature of DKA. Options B, C, D, and E do not accurately describe the characteristic features of DKA.

Question: 13

Which of the following is a chronic complication of diabetes that primarily affects the kidneys?

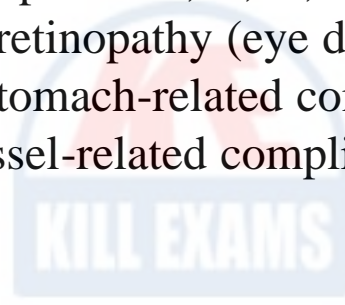
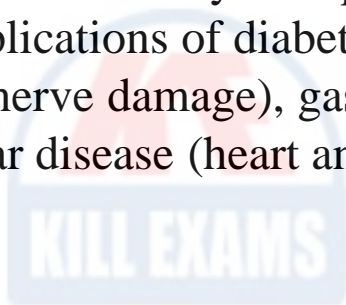
- A. Retinopathy
- B. Neuropathy
- C. Nephropathy

D. Gastropathy

E. Cardiovascular disease

Answer: C

Explanation: Nephropathy refers to kidney damage that occurs as a result of diabetes. It is a chronic complication that primarily affects the kidneys and is characterized by the progressive decline in kidney function. Diabetes nephropathy is a leading cause of end-stage renal disease (ESRD) and may require dialysis or kidney transplantation. Options A, B, D, and E refer to other chronic complications of diabetes, such as retinopathy (eye disease), neuropathy (nerve damage), gastropathy (stomach-related complications), and cardiovascular disease (heart and blood vessel-related complications).



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