1. What is the primary mechanism of action for NSAIDs?

- A. Blocking sodium channels
- B. Inhibiting cyclooxygenase enzymes
- C. Enhancing GABA transmission
- D. Blocking calcium channels

2. Which of the following effects is NOT associated with NSAIDs?

- A. Antipyretic
- B. Anti-inflammatory
- C. Muscle relaxant
- D. Analgesic

3. How do NSAIDs provide an analgesic effect?

- A. By increasing prostaglandin production
- B. By decreasing sensitivity of nociceptive nerve endings
- C. By enhancing inflammatory mediators
- D. By increasing vasodilation

4. What is unique about aspirin compared to other NSAIDs?

- A. It has reversible effects on COX enzymes
- B. It works only on COX-2
- C. It irreversibly inactivates cyclooxygenase
- D. It has no effect on platelets

5. What is the duration of aspirin's antiplatelet effect?

- A. 24 hours
- B. 48 hours
- C. 3-5 days
- D. 7-10 days

6. What is the recommended dose of aspirin for antiplatelet effects?

- A. 80-100 mg
- B. 325-700 mg
- C. 1000 mg
- D. 1500 mg

7. Why does aspirin's antiplatelet effect last longer than its other effects?

- A. Because it binds more strongly to platelets
- B. Because platelets cannot synthesize new proteins
- C. Because it accumulates in platelet tissue
- D. Because it has a long half-life

8. How does aspirin affect body temperature?

- A. It lowers normal body temperature
- B. It only affects elevated body temperature
- C. It raises body temperature
- D. It has no effect on temperature

9. What is the mechanism of aspirin's antipyretic effect?

- A. Direct cooling of the blood
- B. Blocking IL-6 production
- C. Blocking prostaglandin synthesis in the hypothalamus
- D. Increasing heat dissipation through the skin

10. Which condition is a contraindication for aspirin use?

- A. Mild headache
- B. Reye's syndrome in children
- C. Muscle pain
- D. Minor inflammation

11. How does celecoxib differ from traditional NSAIDs?

- A. It selectively inhibits COX-1
- B. It selectively inhibits COX-2
- C. It inhibits both COX enzymes equally
- D. It has no effect on COX enzymes

12. What is a potential risk of celecoxib use?

- A. Decreased platelet function
- B. Increased thrombotic events
- C. Decreased blood pressure
- D. Increased bleeding time

13. Why might aspirin exacerbate asthma in some patients?

- A. Direct bronchial irritation
- B. Increased leukotriene production
- C. Decreased oxygen transport
- D. Increased histamine release

14. What is the primary gastrointestinal adverse effect of aspirin?

- A. Increased mucus production
- B. Decreased acid secretion
- C. Reduced gastric protection
- D. Enhanced mucosal repair

15. How does aspirin affect kidney function?

- A. Increases sodium excretion
- B. Decreases potassium levels
- C. May cause sodium and water retention
- D. Increases glomerular filtration

16. What is the mechanism behind aspirin's effect on labor?

- A. Direct uterine relaxation
- B. Inhibition of prostaglandin-induced contractions
- C. Increased oxytocin production
- D. Enhanced cervical dilation

17. Why is aspirin particularly harmful to the stomach compared to other

- NSAIDs?
- A. Higher acidity
- B. Larger molecular size
- C. Becomes trapped in mucosal cells due to ionization
- D. Greater absorption rate

18. What percentage of patients experience hypersensitivity to aspirin?

- A. 5%
- B. 10%
- C. 15%
- D. 25%

19. Which condition is associated with salicylate use during viral infections in children?

- A. Kawasaki disease
- B. Reye's syndrome
- C. Guillain-Barré syndrome
- D. Stevens-Johnson syndrome

20. What is the recommended alternative to aspirin for children with fever?

- A. Ibuprofen only
- B. Naproxen
- C. Acetaminophen
- D. Ketoprofen