

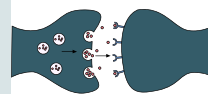
بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



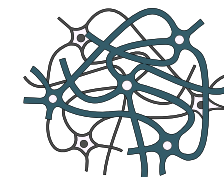
Past Papers – Pharma 1-4

﴿ إِنِّي تَوَكَّلْتُ عَلَى اللَّهِ رَبِّي وَرَبِّكُمْ مَا مِنْ دَابَّةٍ إِلَّا هُوَ آخِذٌ بِنَاصِيَتِهَا إِنَّ رَبِّي عَلَى صِرَاطٍ مُسْتَقِيمٍ ﴾

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Lectures 1-2

Q1: Which of the following drugs treats difficult-to-treat pain, especially when morphine fails?

- A.** Fentanyl
- B.** Meperidine
- C.** Oxycodone
- D.** Methadone
- E.** All of the above

Q2: Opioid that is used in labor and has less stress on fetus:

A. Meperidine

B. Fentanyl

C. Methadone

D. Morphine

E. Naloxone

Q3: Why don't we give naloxone to opioid addictive?

- A.** Addictive has high drug metabolic activity
- B.** Addictive has less receptors
- C.** Naloxone is not an antidote
- D.** Addictive has increased receptors
- E.** None of the above

Please see
next slide

Answer: B

Naloxone is an **opioid antagonist**—it rapidly kicks opioids (like Heroin, Morphine, Fentanyl, or Oxycodone) off the receptors in the brain.

When someone overdoses, opioids suppress breathing. Naloxone quickly reverses this and **restores breathing**, which can save the person's life.

So it is **given to people with opioid addiction**, but **only if they overdose or are at risk of overdose**.

Naloxone **does not treat addiction itself** because:

- **Very short duration** (about 30–90 minutes)
- **No effect on cravings or withdrawal management**
- Can cause **sudden severe withdrawal** in dependent people (agitation, vomiting, pain)

*** The answer in the file is B, which I believe is incorrect. Although addicted people have fewer receptors, this is not the reason why we don't use Naloxone for addicted people. Im not sure if the doctor chose "B" or not.

Q4: which of the following morphine effect is not subjected to tolerance with long-term usage?

- A.** Analgesia
- B.** Respiratory depression
- C.** Euphoria
- D.** Relaxation and sleep
- E.** Constipation

Q5: Which of the following narcotic is the most suitable drug to reduce intraoperation pain?

A. Fentanyl

B. Morphine

C. Codeine

D. Hydromorphone

E. Tramadol

Lectures 3-4

Q6: Hangover on awakening is a side-effect that linked more with which of the following agents?

- A) Temazepam
- B) Trizolam
- C) Buspirone
- D) Zolpidem
- E) Flurazepam

Q7: Dose dependent effect?

A. Suvorexant

B. Buspirone

C. Ramelteon

D. None of the above

Q8: Which of the following agent is preferring to be used in terminating status epilepticus?

- A) Flumazinel
- B) Gabapentin
- C) Diazepam
- D) Hydromorphone
- E) Tramadol

TEST BANK

Q1: Which of the following is considered the most common side effect of benzodiazepines?

- A) Hypertension
- B) Drowsiness and confusion
- C) Diarrhea
- D) Tachycardia

Q2: What is the antidote for benzodiazepine overdose?

- A) Naloxone
- B) Flumazenil
- C) Atropine
- D) Physostigmine

Q3: Which drug is commonly used as a long-acting benzodiazepine for anxiety?

- A. Triazolam
- B. Diazepam
- C. Zolpidem
- D. Buspirone

Q4: Buspirone acts mainly on which receptor?

- A. GABA-A
- B. Dopamine D2
- C. 5-HT1A
- D. NMDA

Q5: Which opioid has the longest half-life?

- A) Morphine
- B) Meperidine
- C) Methadone
- D) Fentanyl

Q6: Which opioid is commonly used in anesthesia due to its high potency?

- A) Morphine
- B) Codeine
- C) Fentanyl
- D) Methadone

Q7: Which opioid is commonly used to treat post-anesthetic shivering?

- A) Morphine
- B) Meperidine
- C) Methadone
- D) Codeine

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Corrections from previous versions:

Versions	Slide # and Place of Error	Before Correction	After Correction
V0 → V1			
V1 → V2			