

Instructions:

- a. There are three pre-labelled answer books. Please make sure you answer the questions in the respective answer book.
- b. Write your candidate number on the cover of each answer book.
- c. Use ink or ball-point pen.
- d. Answer ALL questions. They are worth equal marks and you should spend approximately **ten minutes** for each question. For questions with multiple parts, allocation of marks is indicated in the brackets.
- 1. Describe drug interactions, with examples, in terms of physicochemical (10%), pharmacokinetic (25%) and pharmacodynamic properties (65%).
- 2. Compare and contrast the pharmacology of aspirin and parecoxib.
- 3. What are the causes of a prolonged paralysis after suxamethonium administration (90%)? How is it treated (10%)?
- 4. Define volume of distribution and how can it be calculated using one compartment model. (20%) Describe how volume of distribution can be affected by:
 - a) drug factors (30%)
 - b) pregnancy (50%)
- 5. Describe the mechanism (40%), clinical presentations (40%) and treatment of Paracetamol poisoning (20%).
- 6. Describe the drugs that are used for reversal of non-depolarising muscle relaxants. In your answer, include their mechanisms of action (60%) and side effects (40%).
- 7. What are the toxic effects of local anaesthetics (provide specific examples) (50%)? How may the risks be reduced (10%)? How is toxicity treated (40%)?
- 8. How does the pharmacokinetics of intrathecal morphine influence its analgesic activity (40%)? What are the risks of intrathecal morphine for postoperative analgesia (60%)?
- 9. Describe the drugs, in terms of their mechanism of action and potential side effects, that are used to treat bronchospasm intraoperatively.
- 10. Compare and contrast the pharmacology of intravenous nitroglycerine and sodium nitroprusside?

- 11. Describe the factors that influence the hypnotic effects of an intravenous bolus dose of propofol.
- 12. Describe the adverse effects resulting from toxic products produced during administration of inhalational anaesthetics.

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