Drugs used in treatment of Angina Pectoris

1. In effort and variant angina predominantly are useful?
    1. Beta-adrenoceptor blockers;
    2. Calcium channel blockers;
    3. alfa-adrenoceptor blockers;
    4. ACE inhibitors.

2. Effort angina may occur when:
    1. Oxygen demand increases;
    2. Coronary artery reversibly constricts;
    3. Episodes of angina occur at rest and when there is a change in the character, frequency, and duration of chest pain;
    4. Transient spasm of localized portions of the vessels is usually associated with underlying atheromas.

3. Nitrates toxicities does not include:
    1. Orthostatic hypotension;
    2. Tachycardia;
    3. Headache;
    4. AV blockade.

4. Nitroglycerin increases the concetration of nitric oxide (NO) in vascular muscle cells and causes an increase in:
    1. cAMP (cyclic adenosine monophosphate);
    2. cGMP (cyclic guanosine monophosphate);
    3. IP_3 (inositol-1,4,5-triphosphate);
    4. DAG (diacylgycerol).

5. Tolerence may be caused by a decrease in tissue sulfhydryl groups during action of:
    1. Verapamil;
    2. Nifedipine;
    3. Nitroglycerine;
    4. Metoprolol.

6. Beneficial effects of nitrates in the treatment of angina pectoris include:
    1. Decreased ventricular volume;
    2. Reflex tachycardia;
    3. Reflex increase in contractility;
    4. Decreased diastolic perfusion time.

7. Unwanted effects of nitrates in the treatment of angina pectoris include:
    1. Decreased left ventricular diastolic pressure;
    2. Increased collateral flow;
    3. Vasodilation of epicardial coronary arteries;
    4. Reflex tachycardia.

8. Calcium channel blockers may be used, except:
    1. For prophylaxis of effort angina;
    2. For prophylaxis of variant angina;
    3. In vasospastic angina for prevention of coronary spasm;
    4. Acute coronary syndrome, because they have little or no benefit.

9. Calcium channel blockers act in effort angina by:
    1. Causing peripheral vasodilation;
    2. Reduction of preload;
    3. Increasing of cardiac work;
    4. Increase coronary vasospasm.

10. Short-acting nitrates include:
    1. Isosorbid dinitrate (oral);
    2. Transdermal nitroglycerin;
    3. Isosorbid mononitrate (oral);
    4. Nitroglycerin (sublingual).

11. The beneficial effects of beta-blocking agents in angina pectoris are related to, except:
    1. Decreased heart rate;
    2. Reduced heart contractility;
    3. Increased end – diastolic volume and ejection time;
    4. Decreased myocardial oxygen consumption.

12. Beta-adrenoceptor blockers are not effective in:
    1. Variant angina;
    2. Arterial hypertension;
    3. Effort angina;
    4. Acute coronary syndrome.

13. Beta-adrenoceptor blocking agents are not vasodilators, with the possible exception of:
    1. Propranolol;
    2. Nebivolol;
    3. Metoprolol;
    4. Bisoprolol.

14. Contraindications to the use of B-adrenoceptor blockers are:
    1. Heart failure (II functional class);
    2. Arterial hypertension;
    3. Asthma;
    4. Effort angina.