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School of Health sciences

WRITTEN EXAMINATION

Course: Pathophysiology and pharmacology				
Examination: Wri	tten exan	n 1		
Course code: BM544G Credits for written examination				
Date: 2025-01-13			Examination time: 14:15-18:30	
Examination resp	onsible: A	Anna Benrick		
Teachers concerne	ed: Catha	l O'Hare and Katarina Sko	gfält	
Aid at the exam/a	ppendice	s: No aids allowed		
Other				
Instructions		Take a new sheet of pape	er for each teacher.	
			er when starting a new question.	
		Write only on one side o		
	\boxtimes	Write your name and pe	rsonal ID No. on all pages you hand in.	
	\boxtimes	Use page numbering.		
	\boxtimes	Don't use a red pen.		
	\boxtimes	Mark answered question	as with a cross on the cover sheet.	

Grade points E \geq 60%, D \geq 68%, C \geq 76%, B \geq 84%, A \geq 92%

Examination results should be made public within 18 working days $Good\ luck!$

Total number of pages



Personal ID	number:_	

Pathophysiology

1. Describe the role of low-density lipoprotein (LDL) and high-density lipoprotein (HDL) in the development of hyperlipidemia. How do these lipoproteins affect cardiovascular risk? (4p)

2. Explain the pathophysiological mechanisms of ischemic stroke, focusing on reduced cerebral blood flow and neuronal injury. How do these contribute to neurological symptoms? Also, describe two different types of plaque and what is the pathophysiological outcome between these two. (5p)



Personal ID number:	

3. Explain the pathophysiological mechanisms involved in COPD. How do these mechanisms result in the characteristic symptoms of COPD? (5p)

4. Which of the following diagnostic tests is most useful for detecting myocardial ischemia and injury immediately after the onset of chest pain? Troponin I/T, Electrocardiogram (ECG), Creatine kinase-MB (CK-MB), Brain natriuretic peptide (BNP). In your answer, you should also indicate why you choose the one you choose. (3p)

5. Mention four physiological findings that might contribute to the diagnosis of hypertension (2p).



Personal ID number:	

Which of the following is a symptom associated with hyperlipidemia
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Options:

- a) Shortness of breath
- b) Typically asymptomatic
- c) Frequent headaches
- d) Joint pain
- 7. What is a common symptom of asthma? (0.5p)

Options:

- a) Persistent dry cough without breathing issues
- b) Wheezing, shortness of breath, and chest tightness, especially during or after physical activity
- c) Painful urination
- d) Swelling in the legs
- 8. Which of the following methods is primarily used to diagnose hypertension? (0.5p)

Options:

- a) Blood pressure measurement
- b) Lipid panel
- c) Serum creatinine
- d) Echocardiogram
- 9. Which test is most useful in diagnosing hyperlipidemia? (0.5p)

Options:

- a) Liver function test
- b) Lipid panel
- c) Chest X-ray
- d) Complete blood count (CBC)



Personal ID number:	
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- 10. True or False: Ischemic stroke is primarily caused by a rupture of a blood vessel in the brain, leading to bleeding and swelling. (0.25p)
- 11. True or False: Atherosclerosis occurs when fatty plaques accumulate inside blood vessels, leading to narrowed arteries and potentially causing heart attacks or strokes. (0.25p)
- 12. True or False: Myocardial infarction occurs when there is a complete blockage of a coronary artery, leading to irreversible damage to the heart muscle. (0.25p)
- 13. True or False: In asthma, T-helper 2 (Th2) cells mediate the inflammatory response, leading to the release of cytokines like IL-4 and IL-5, which promote eosinophil recruitment and IgE production. (0.25p)



Pharmacology

14	Describe the	mechanism	of action	of PoV12	recentor	antagonists	2n
14.	Describe me	mechanism	or action	0112112	receptor	antagomsts.	.30

15. Explain how genetic polymorphism of CYP2C19 can affect the clinical response of patients taking the P2Y12 antagonist clopidogrel. 2p

16. Why do anticholinergics (antimuscarinics) have little or no action at skeletal neuromuscular junctions (NMJs) or autonomic ganglia? 1p

17. Corticosteroids inhibit the release of arachidonic acid through inhibition of which enzyme? 1p



Personal ID	number:		
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18. Why should patients be instructed to rinse their mouth in a "swish-and-spit" method with water following use of the inhaled corticosteroids? 2p
19. What property of aspirin leads to the suppression of platelet aggregation for the life of the platelet? 1p
20. How do dihydropyridine and non-dihydropyridine calcium channel blockers differ in terms of their affinity for vascular and cardiac calcium channels? 2p
21. Describe the mechanism of action of bile acid sequestrants. 3p



Personal ID number:	

22.	Why should certain o	drugs such as	warfarin l	be taken	at least 1 to	2 hours
	before, or 4 to 6 hour	rs after, bile a	cid seques	strants? 2	2p	

23. Describe the mechanism of action of ACE inhibitors. 3p

24. Elevated liver enzymes, myalgia and myopathy are commonly reported side effects of which of the following groups of drugs? Put a cross beside the correct answer. 1p

HMG CoA reductase inhibitors	
Fibrates	
Bile acid sequestrants	
Coumarins (warfarin)	
Angiotensin II receptor blockers	



Personal ID number:	

25. Dizziness, headache, peripheral edema and flushing are commonly reported side effects of which of the following groups of drugs? Put a cross beside the correct answer. 1p

Angiotensin II receptor blockers	
ACE inhibitors	
Thiazide diuretics	
β-Blockers	
Calcium channel blockers	

26. State a therapeutic use for warfarin (coumarins). 1p