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MPA-25

प्रश्न-पुस्तिका संख्या व बारकोड /
Question Booklet No. & Barcode

इस प्रश्न-पुस्तिका को तब तक न खोलें जब तक
कहा न जाए। Do not open this Question
Booklet until you are asked to do so.

पुस्तिका में पृष्ठों की संख्या : 24
Number of Pages in Booklet : 24
पुस्तिका में प्रश्नों की संख्या : 150
No. of Questions in Booklet : 150

Paper Code : 74

Sub : Palliative Medicine

समय : 02:30 घण्टे + 10 मिनट अतिरिक्त*

Exam Date: 27/7/2025

अधिकतम अंक : 150

Time : 02:30 Hours + 10 Minutes Extra*

Maximum Marks : 150



प्रश्न-पुस्तिका के पेपर की सील/पोलिथीन बैग को खोलने पर प्रश्न-पत्र हल करने से पूर्व परीक्षार्थी यह सुनिश्चित कर लें कि :

- प्रश्न-पुस्तिका संख्या तथा ओ.एम.आर. उत्तर-पत्रक पर अंकित बारकोड संख्या समान हैं।
- प्रश्न-पुस्तिका एवं ओ.एम.आर. उत्तर-पत्रक के सभी पृष्ठ व सभी प्रश्न सही मुद्रित हैं। समस्त प्रश्न, जैसा कि ऊपर वर्णित है, उपलब्ध हैं तथा कोई भी पृष्ठ कम नहीं है / मुद्रण त्रुटि नहीं है। किसी भी प्रकार की विसंगति या दोषपूर्ण होने पर परीक्षार्थी वीक्षक से दूसरा प्रश्न-पत्र प्राप्त कर लें। यह सुनिश्चित करने की जिम्मेदारी अभ्यर्थी की होगी। परीक्षा प्रारम्भ होने के 5 मिनट पश्चात् ऐसे किसी दावे/आपत्ति पर कोई विचार नहीं किया जायेगा।

On opening the paper seal/polythene bag of the Question Booklet before attempting the question paper, the candidate should ensure that :

- Question Booklet Number and Barcode Number of OMR Answer Sheet are same.
- All pages & Questions of Question Booklet and OMR Answer Sheet are properly printed. All questions as mentioned above are available and no page is missing/misprinted.

If there is any discrepancy/defect, candidate must obtain another Question Booklet from Invigilator. Candidate himself shall be responsible for ensuring this. No claim/objection in this regard will be entertained after five minutes of start of examination.

परीक्षार्थियों के लिए निर्देश

1. प्रत्येक प्रश्न के लिये एक विकल्प भरना अनिवार्य है।
2. सभी प्रश्नों के अंक समान हैं।
3. प्रत्येक प्रश्न का मात्र एक ही उत्तर दीजिए। एक से अधिक उत्तर देने की दशा में प्रश्न के उत्तर को गलत माना जाएगा।
4. OMR उत्तर-पत्रक इस प्रश्न-पुस्तिका के अन्दर रखा है। जब आपको प्रश्न-पुस्तिका खोलने को कहा जाए, तो उत्तर-पत्रक निकाल कर ध्यान से केवल नीले बॉल पॉइंट पेन से विवरण भरें।
5. कृपया अपना रोल नम्बर ओ.एम.आर. उत्तर-पत्रक पर सावधानीपूर्वक सही भरें। गलत रोल नम्बर भरने पर परीक्षार्थी स्वयं उत्तरदायी होगा।
6. ओ.एम.आर. उत्तर-पत्रक में करेक्शन पेन/व्हाइटनर/सफेदा का उपयोग निषिद्ध है।
7. प्रत्येक गलत उत्तर के लिए प्रश्न अंक का 1/3 भाग काटा जायेगा। गलत उत्तर से तात्पर्य अशुद्ध उत्तर अथवा किसी भी प्रश्न के एक से अधिक उत्तर से है।
8. प्रत्येक प्रश्न के पाँच विकल्प दिये गये हैं, जिनमें क्रमशः 1, 2, 3, 4, 5 अंकित किया गया है। अभ्यर्थी को सही उत्तर निर्दिष्ट करते हुए उनमें से केवल एक गोले (बबल) को उत्तर-पत्रक पर नीले बॉल पॉइंट पेन से गहरा करना है।
9. यदि आप प्रश्न का उत्तर नहीं देना चाहते हैं तो उत्तर-पत्रक में पाँचवें (5) विकल्प को गहरा करें। यदि पाँच में से कोई भी गोला गहरा नहीं किया जाता है, तो ऐसे प्रश्न के लिये प्रश्न अंक का 1/3 भाग काटा जायेगा।
- 10.* प्रश्न-पत्र हल करने के उपरांत अभ्यर्थी अनिवार्य रूप से ओ.एम.आर. उत्तर-पत्रक जाँच लें कि समस्त प्रश्नों के लिये एक विकल्प (गोला) भर दिया गया है। इसके लिये ही निर्धारित समय से 10 मिनट का अतिरिक्त समय दिया गया है।
11. यदि अभ्यर्थी 10% से अधिक प्रश्नों में पाँच विकल्पों में से कोई भी विकल्प अंकित नहीं करता है तो उसको अयोग्य माना जायेगा।
12. मोबाइल फोन अथवा अन्य किसी इलेक्ट्रॉनिक यंत्र का परीक्षा हॉल में प्रयोग पूर्णतया वर्जित है। यदि किसी अभ्यर्थी के पास ऐसी कोई वर्जित सामग्री मिलती है तो उसके विरुद्ध आयोग द्वारा नियमानुसार कार्यवाही की जायेगी।

चेतावनी : अगर कोई अभ्यर्थी नकल करते पकड़ा जाता है या उसके पास से कोई अनधिकृत सामग्री पाई जाती है, तो उस अभ्यर्थी के विरुद्ध पुलिस में प्राथमिकी दर्ज कराते हुए राजस्थान सार्वजनिक परीक्षा (भर्ती में अनुचित साधनों की रोकथाम अध्यापय) अधिनियम, 2022 तथा अन्य प्रभावी कानून एवं आयोग के नियमों-प्रावधानों के तहत कार्यवाही की जाएगी। साथ ही आयोग ऐसे अभ्यर्थी को भविष्य में होने वाली आयोग की समस्त परीक्षाओं से विवर्जित कर सकता है।

INSTRUCTIONS FOR CANDIDATES

1. It is mandatory to fill one option for each question.
2. All questions carry equal marks.
3. Only one answer is to be given for each question. If more than one answers are marked, it would be treated as wrong answer.
4. The OMR Answer Sheet is inside this Question Booklet. When you are directed to open the Question Booklet, take out the Answer Sheet and fill in the particulars carefully with Blue Ball Point Pen only.
5. Please correctly fill your Roll Number in OMR Answer Sheet. Candidates will themselves be responsible for filling wrong Roll No.
6. Use of Correction Pen/Whitener in the OMR Answer Sheet is strictly forbidden.
7. 1/3 part of the mark(s) of each question will be deducted for each wrong answer. A wrong answer means an incorrect answer or more than one answers for any question.
8. Each question has five options marked as 1, 2, 3, 4, 5. You have to darken only one circle (bubble) indicating the correct answer on the Answer Sheet using BLUE BALL POINT PEN.
9. If you are not attempting a question then you have to darken the circle '5'. If none of the five circles is darkened, one third (1/3) part of the marks of question shall be deducted.
- 10.* After solving question paper, candidate must ascertain that he/she has darkened one of the circles (bubbles) for each of the questions. Extra time of 10 minutes beyond scheduled time, is provided for this.
11. A candidate who has not darkened any of the five circles in more than 10% questions shall be disqualified.
12. Mobile Phone or any other electronic gadget in the examination hall is strictly prohibited. A candidate found with any of such objectionable material with him/her will be strictly dealt with as per rules.

Warning : If a candidate is found copying or if any unauthorized material is found in his/her possession, F.I.R. would be lodged against him/her in the Police Station and he/she would be liable to be prosecuted under Rajasthan Public Examination (Measures for Prevention of Unfair means in Recruitment) Act, 2022 & any other laws applicable and Commission's Rules-Regulations. Commission may also debar him/her permanently from all future examinations.

उत्तर-पत्रक में दो प्रतियाँ हैं - मूल प्रति और कार्बन प्रति। परीक्षा समाप्ति पर परीक्षा कक्ष छोड़ने से पूर्व परीक्षार्थी उत्तर-पत्रक की दोनों प्रतियाँ वीक्षक को सौंपेंगे, परीक्षार्थी स्वयं कार्बन प्रति अलग नहीं करें। वीक्षक उत्तर-पत्रक की मूल प्रति को अपने पास जमा कर, कार्बन प्रति को मूल प्रति से कट लाइन से मोड़ कर सावधानीपूर्वक अलग कर परीक्षार्थी को सौंपेंगे, जिसे परीक्षार्थी अपने साथ ले जायेंगे। परीक्षार्थी को उत्तर-पत्रक की कार्बन प्रति चयन प्रक्रिया पूर्ण होने तक सुरक्षित रखनी होगी एवं आयोग द्वारा माँगे जाने पर प्रस्तुत करनी होगी।

1. Which is NOT a cause of Post Mastectomy Pain Syndrome (PMPS) ?
 - (1) Intercostobrachial neuralgia
 - (2) Neuroma pain
 - (3) Phantom pain
 - (4) Radiation plexopathy
 - (5) Question not attempted
2. Which of the following is true regarding Pancoast's tumour ?
 - (1) Brachial plexopathy is an integral part.
 - (2) Pain in distribution of C₈-T₁ dermatome is an early sign.
 - (3) MRI yields the most important diagnostic information.
 - (4) All of these
 - (5) Question not attempted
3. Edmonton Symptom Assessment Scale (ESAS) evaluates all except :
 - (1) Pain
 - (2) Vomiting
 - (3) Depression
 - (4) Nausea
 - (5) Question not attempted
4. Which of the following is the most common cause of hypercalcemia in cancer patients ?
 - (1) Bone metastases causing local osteolysis
 - (2) Increased dietary calcium intake
 - (3) Increased parathyroid hormone secretion
 - (4) Paraneoplastic secretion of ParaThyroid Hormone-related Peptide (PTHrP)
 - (5) Question not attempted
5. Which malignancy is most commonly associated with SVCO ?
 - (1) Breast cancer
 - (2) Lung cancer
 - (3) Colorectal cancer
 - (4) Pancreatic cancer
 - (5) Question not attempted
6. Which is a symptom of Upper Motor Neuron (UMN) lesion ?
 - (1) Flaccid paralysis
 - (2) Marked muscle atrophy
 - (3) Clonus
 - (4) Fasciculations, fibrillations
 - (5) Question not attempted
7. Tissue repairing activity of Platelet Rich Plasma (PRP) is mainly attributed to :
 - (1) Chemokines
 - (2) Growth factors
 - (3) Coagulation factors
 - (4) Complement factors
 - (5) Question not attempted
8. 'Sudden cardiac death' is a risk factor with which of the following drugs ?
 - (1) Tricyclic antidepressants (TCA)
 - (2) Pregabalin
 - (3) Duloxetine
 - (4) Lidocaine patch
 - (5) Question not attempted
9. Which ion channels play a critical role in nociceptor activation and pain sensation ?
 - (1) Voltage-gated sodium channels (Nav1.7, Nav1.8, Nav1.9)
 - (2) Calcium-activated chloride channels
 - (3) Potassium leak channels
 - (4) HCN (hyperpolarization-activated cyclic nucleotide-gated) channels
 - (5) Question not attempted

10. In pain assessment, the "LANSS scale" is specifically used to evaluate :
- (1) Cancer pain
 - (2) Neuropathic pain
 - (3) Visceral pain
 - (4) Psychogenic pain
 - (5) Question not attempted
11. A 68-year-old patient with metastatic lung cancer reports severe pain affecting daily activities. The physician needs a tool that assesses both pain intensity and its impact on function. Which of the following tools is most appropriate ?
- (1) Visual Analog Scale (VAS)
 - (2) Brief Pain Inventory (BPI)
 - (3) Leeds Assessment of Neuropathic Symptoms and Signs (LANSS)
 - (4) Pain Assessment in Advanced Dementia (PAINAD)
 - (5) Question not attempted
12. A 72-year-old female with advanced lung cancer complains of generalized pain, fatigue and poor appetite. There is no evidence of bony metastases. Which of the following adjuvant drugs is the best choice ?
- (1) Dexamethasone
 - (2) Carbamazepine
 - (3) Ketamine
 - (4) Codeine
 - (5) Question not attempted
13. Which opioid has the highest lipid solubility and fastest onset ?
- (1) Codeine
 - (2) Hydromorphone
 - (3) Fentanyl
 - (4) Oxycodone
 - (5) Question not attempted
14. Which of the following opioids is a prodrug requiring metabolism by CYP2D6 for activation ?
- (1) Oxycodone
 - (2) Hydromorphone
 - (3) Codeine
 - (4) Methadone
 - (5) Question not attempted
15. Under the amended NDPS Act, which authority is responsible for recognizing medical institution (RMIs) to procure and dispense opioids ?
- (1) National Pharmaceutical Pricing Authority (NPPA)
 - (2) State Drug Controller
 - (3) Central Drugs Standard Control Organization (CDSCO)
 - (4) Indian Council of Medical Research (ICMR)
 - (5) Question not attempted
16. A palliative care unit in an RMI is undergoing an audit. What is the required retention period for opioid prescription records ?
- (1) 1 year
 - (2) 2 years
 - (3) 5 years
 - (4) 10 years
 - (5) Question not attempted
17. Which of the following is an N-methyl-D-aspartate (NMDA) receptor antagonist ?
- (1) Methadone
 - (2) Ketamine
 - (3) Dextromethorphan
 - (4) All of these
 - (5) Question not attempted

18. A 60-year-old patient is switched from oral morphine (120 mg/day) to transdermal fentanyl due to severe dysphagia. What is the correct fentanyl patch dose ?
- (1) 12 mcg/hour
 - (2) 25 mcg/hour
 - (3) 50 mcg/hour
 - (4) 75 mcg/hour
 - (5) Question not attempted
19. A patient with chronic cancer pain is switched from oral morphine to methadone. What is the best approach for methadone initiation ?
- (1) Use an equianalgesic conversion ratio and prescribe the calculated dose
 - (2) Taper morphine while gradually introducing methadone
 - (3) Convert morphine to methadone using a 1 : 10 ratio
 - (4) Stop morphine and start methadone at a full equianalgesic dose
 - (5) Question not attempted
20. Which of the following analgesic agent cannot be SAFELY administered intrathecally in palliative care ?
- (1) Baclofen
 - (2) Clonidine
 - (3) Diclofenac
 - (4) Ketamine
 - (5) Question not attempted
21. Which psychological intervention primarily targets maladaptive thoughts about pain and improves coping strategies ?
- (1) Progressive Muscle Relaxation (PMR)
 - (2) Cognitive Behavioural Therapy (CBT)
 - (3) Acceptance and Commitment Therapy (ACT)
 - (4) Guided Imagery
 - (5) Question not attempted
22. The stellate ganglion is located at the :
- (1) Anterior to transverse process of the C₆ vertebra.
 - (2) Anterior to the subclavian artery.
 - (3) Anterior to the neck of the first rib and the transverse process of the C₇ vertebra.
 - (4) Lateral to C₆ transverse process.
 - (5) Question not attempted
23. Blockade of which nerve uses the styloid process as an important landmark ?
- (1) Phrenic nerve
 - (2) Trigeminal nerve
 - (3) Facial nerve
 - (4) Glossopharyngeal nerve
 - (5) Question not attempted
24. Which of the following receptors acts both as trigger & effector of central sensitization ?
- (1) AMPA
 - (2) mu receptor
 - (3) NMDA
 - (4) Cannabinoid
 - (5) Question not attempted
25. Suggested mechanisms of 'Stump pain' are all except :
- (1) Psychogenic
 - (2) Decreased blood flow in the stump
 - (3) Muscle spasm
 - (4) Neuroma formation
 - (5) Question not attempted

26. What is TRUE regarding morphine ?
- (1) Bio availability of oral morphine exceeds 50% in normal subjects.
 - (2) Clinically significant metabolism occurs in kidneys.
 - (3) In adults it is predominantly metabolised to morphine-6-glucoronide
 - (4) The metabolite morphine-6-glucoronide is a potent mu receptor agonist.
 - (5) Question not attempted
27. The various modes of administration of methadone for cancer pain management are all except :
- (1) Oral
 - (2) Subcutaneous
 - (3) Intravenous
 - (4) Rectal
 - (5) Question not attempted
28. In a patient taking 60 mg SR tablet of oral morphine twice a day, the dose for breakthrough pain will be
- (1) 10 mg IR (2) 20 mg IR
 - (3) 30 mg IR (4) 30 mg SR
 - (5) Question not attempted
29. A 60-year-old man with chronic pain from advanced prostate cancer is struggling with pain-related fear and avoidance of movement. Which psychological therapy is best suited for his condition ?
- (1) Biofeedback
 - (2) Exposure Therapy
 - (3) Guided Imagery
 - (4) Support Group Therapy
 - (5) Question not attempted
30. A 55-year-old woman with metastatic cervical cancer reports severe pain despite adequate opioid therapy. She expresses a strong belief in karma and feels her suffering is a punishment. Which psychological intervention is most appropriate ?
- (1) Cognitive Behavioural Therapy (CBT)
 - (2) Support Group Therapy
 - (3) Spiritual Counselling
 - (4) Guided Imagery
 - (5) Question not attempted
31. In an ICU palliative care setting, a nurse reports feeling emotionally overwhelmed after multiple patient deaths in a week. What is the best team-based approach ?
- (1) Providing structured debriefing sessions for staff
 - (2) Encouraging staff to "move on" without dwelling on losses
 - (3) Rotating the nurse to non-palliative care units
 - (4) Referring the nurse for mandatory psychiatric evaluation
 - (5) Question not attempted
32. Which opioid is a full agonist at the mu-opioid receptor but also has NMDA antagonist properties ?
- (1) Morphine
 - (2) Methadone
 - (3) Fentanyl
 - (4) Codeine
 - (5) Question not attempted

33. A 29-year-old man is admitted in surgery unit for management of severe third degree burns involving 36% of body surface area. He is receiving wound care, fluids and antibiotics.
- He has severe pain which is difficult to manage in the emergency department. What modality of pain management will be helpful for this patient ?
- (1) Timed injectable opioids
 - (2) Oral opioid analgesics
 - (3) Opioid infusion therapy
 - (4) Patient controlled analgesia
 - (5) Question not attempted
34. Pain or sensory loss in a 'Cape like' distribution is typical of
- (1) Brachial plexopathy
 - (2) Central disc herniation
 - (3) Syringomyelia
 - (4) C₆ radiculopathy
 - (5) Question not attempted
35. The single MOST IMPORTANT supplemental therapy to consider at the time of starting patients on opioids for pain is :
- (1) NSAIDs for adjuvant pain
 - (2) Laxatives for constipation
 - (3) Anti-depressants to supplement pain relief
 - (4) Anti-emetic to treat nausea
 - (5) Question not attempted
36. An 83-year-old man with advanced dementia presented with a history of grimacing and screaming when care activities were performed, as reported by his wife. He was thought to be in pain. What is the most appropriate tool to assess his pain ?
- (1) Brief Pain Inventory
 - (2) Doloplus-2/Abbey Pain Scale
 - (3) Memorial Pain Assessment Card
 - (4) Numerical rating scale
 - (5) Question not attempted
37. Which of the following drug is not approved by USFDA for intrathecal administration ?
- (1) Fentanyl
 - (2) Morphine
 - (3) Ziconotide
 - (4) Baclofen
 - (5) Question not attempted
38. Which of the following opioid has properties that might prevent or reduce Opioid Induced Hyperalgesia (OIH) ?
- (1) Pethidine
 - (2) Sufentanyl
 - (3) Methadone
 - (4) Oxycodone
 - (5) Question not attempted
39. What is the approximate 'Morphine : Methadone' equianalgesic conversion ratio in a patient who is on 150 mg of daily morphine dose ?
- (1) 2 : 1
 - (2) 4 : 1
 - (3) 8 : 1
 - (4) 12 : 1
 - (5) Question not attempted
40. Severe hypercalcemia is defined as serum calcium concentration (mg/dL) more than -
- (1) 11
 - (2) 12
 - (3) 13
 - (4) 14
 - (5) Question not attempted

41. Risk of neutropenic sepsis increases when absolute neutrophil count is less than
- (1) 2500 (2) 1500
 - (3) 500 (4) 3500
 - (5) Question not attempted
42. A 60 years old male patient of malignant melanoma with large wound over head and neck with history of recurrent major bleeding from wound had massive bleeding episode. Treating palliative care physicians declare it as terminal hemorrhage. What will be appropriate option ?
- (1) Trenexamic acid
 - (2) Midazolam
 - (3) Adrenaline
 - (4) Central Venous Access
 - (5) Question not attempted
43. A 60 years old male patient of lung cancer presented with paraplegia since 5 days. Detailed history was taken and emergency MRI was obtained which showed metastatic spinal cord compression. Which is true regarding management ?
- (1) Emergency decompression surgery should be done.
 - (2) Emergency radiotherapy can reverse neurological symptoms.
 - (3) High dose steroid for three weeks can reverse the compression.
 - (4) Paraplegia cannot be reverted back.
 - (5) Question not attempted
44. Which of the following cancer most commonly produces parathyroid hormone related peptide ?
- (1) Renal cell carcinoma
 - (2) Squamous cell carcinoma of lung
 - (3) Small cell carcinoma of lung
 - (4) Medullary carcinoma of thyroid
 - (5) Question not attempted
45. All are features of tumor lysis syndrome except :
- (1) Hyperkalemia
 - (2) Hypercalcemia
 - (3) Hyperphosphotemia
 - (4) Hyperuricemia
 - (5) Question not attempted
46. The initial management of superior vena cava obstruction is –
- (1) Corticosteroids
 - (2) Radiotherapy
 - (3) Self expanding metallic stent
 - (4) Surgery
 - (5) Question not attempted
47. Indications for surgical decompression of malignant spinal cord compression except
- (1) Radio-resistant tumor, e.g. melanoma, sarcoma
 - (2) Uncertain cause – to confirm by histology
 - (3) Multiple levels of compression
 - (4) Solitary vertebral metastasis
 - (5) Question not attempted

48. Some patients have valid concerns that they may be harmed by excessively candid diagnostic or prognostic information, or by the burden of decision-making. They may not want to know the exact nature of the disease, its extent, and the details of their likely prognosis. To protect their perceived self-interest, they may request that some issues remain unaddressed, undisclosed, or uncertain. Respecting this sort of request has been called as
- (1) Denial
 - (2) Necessary collusion
 - (3) Wilful ignorance
 - (4) Guilt
 - (5) Question not attempted
49. A patient with metastatic cancer reports worsening pain, which is inconsistent with imaging findings. They also exhibit heightened emotional distress and hyper vigilance. What is the most appropriate management strategy?
- (1) Reassurance and continuation of opioid escalation
 - (2) Introduction of a multidisciplinary approach, including psychological therapy
 - (3) Immediate palliative sedation
 - (4) Referral for surgical intervention
 - (5) Question not attempted
50. Which term best describes a patient who expresses a desire for hastened death primarily due to psychological distress, despite adequate symptom control?
- (1) Pain aversion syndrome
 - (2) Existential suffering
 - (3) Refractory pain syndrome
 - (4) Narcotic-seeking behaviour
 - (5) Question not attempted
51. Which of the following statements about grief in palliative care is TRUE?
- (1) Grief is a linear process that follows a predictable timeline.
 - (2) Anticipatory grief occurs only in patients, not caregivers.
 - (3) Grief reactions vary widely based on individual and cultural differences.
 - (4) Complicated grief does not require intervention.
 - (5) Question not attempted
52. Which communication technique is most effective in conducting a family meeting in palliative care?
- (1) Speaking in medical jargon to maintain professionalism
 - (2) Using a structured approach like the "VALUE" framework
 - (3) Encouraging only the most vocal family member to speak
 - (4) Keeping the discussion brief and avoiding emotions
 - (5) Question not attempted
53. Which ethical principle is most relevant when providing palliative care to homeless patients?
- (1) Justice - ensuring equal access to care regardless of socioeconomic status
 - (2) Autonomy - limiting care options based on financial ability
 - (3) Non-maleficence - withholding aggressive symptom management
 - (4) Beneficence - prioritizing only patients with families
 - (5) Question not attempted

54. Mr. AJ is a 45-year-old man who has advanced AIDS and Kaposi's sarcoma. He has been non-adherent with HAART and has a multiple resistance strain of HIV. He has lost weight and reports a poor appetite. He sleeps poorly. He reports a lack of energy and spends most of his time at home. During a visit to his physician, he reports feeling not having interest in anything in his life. He is comfortable talking about the fact that he will die. A clinical suspicion of major depression is most supported by :
- (1) changes in appetite and sleep patterns
 - (2) feelings of hopelessness and helplessness
 - (3) lack of energy
 - (4) comfort in talking about the prospect of death
 - (5) Question not attempted
55. Which of the following best differentiates anticipatory grief from clinical depression in a palliative care patient ?
- (1) Anticipatory grief includes fluctuating emotions, whereas depression is persistent
 - (2) Depression is characterized by preoccupation with the future loss
 - (3) Patients experiencing anticipatory grief exhibit no emotional distress
 - (4) Depression is always resolved once the patient receives adequate support
 - (5) Question not attempted
56. Which of the following is a potential risk of collusion in palliative care ?
- (1) Increased patient autonomy and informed decision-making
 - (2) Reduced psychological distress in all cases
 - (3) Increased confusion and loss of trust in the medical team
 - (4) Enhanced coping mechanisms in the patient
 - (5) Question not attempted
57. Which symptom differentiates major depressive disorder from normal sadness in palliative care patients ?
- (1) Persistent low mood but ability to enjoy some activities
 - (2) Loss of interest or pleasure in all activities (anhedonia)
 - (3) Emotional distress only in response to bad news
 - (4) Crying in response to grief triggers
 - (5) Question not attempted
58. A 60-year-old woman with metastatic ovarian cancer reports excessive worry about her disease progression and uncontrollable thoughts of dying. She acknowledges that these thoughts interfere with her daily activities but feels powerless to stop them. Which psychological intervention is most appropriate ?
- (1) Psychoeducation on coping strategies
 - (2) Cognitive Behavioural Therapy (CBT)
 - (3) Exposure therapy for trauma-related distress
 - (4) Supportive counselling without structured therapy
 - (5) Question not attempted

59. Which approach is most beneficial for maintaining family relationships during palliative care?

- (1) Encouraging avoidance of emotional discussions
- (2) Facilitating open and honest communication
- (3) Restricting involvement of family members in care decisions
- (4) Allowing only healthcare providers to address psychosocial concerns
- (5) Question not attempted

60. Which type of grief reaction is most commonly seen in caregivers of palliative patients?

- (1) Anticipatory grief
- (2) Complicated grief
- (3) Disenfranchised grief
- (4) Delayed grief
- (5) Question not attempted

61. Kübler-Ross's model of grief outlines five stages. Which of the following correctly lists the stages in order?

- (1) Shock, denial, bargaining, anger, acceptance
- (2) Denial, anger, bargaining, depression, acceptance
- (3) Denial, bargaining, anger, depression, resolution
- (4) Shock, anger, bargaining, acceptance, relief
- (5) Question not attempted

62. A 45-year-old man lost his wife to ovarian cancer 18 months ago. He continues to struggle with intense yearning, inability to function in daily life, and persistent disbelief that she is gone.

Which condition best describes his grief response?

- (1) Normal grief
- (2) Prolonged grief disorder
- (3) Depressive adjustment disorder
- (4) Post-Traumatic Stress Disorder (PTSD)
- (5) Question not attempted

63. A 67-year-old man with advanced lung cancer and a history of alcohol dependence becomes agitated and physically aggressive towards staff. His family reports that he has had similar outbursts in the past.

What is the most appropriate immediate response?

- (1) Use de-escalation techniques and ensure a safe environment
- (2) Sedate the patient immediately with benzodiazepines
- (3) Call law enforcement to remove the patient from the facility
- (4) Avoid interacting with the patient until he calms down
- (5) Question not attempted

64. A 62-year-old woman with advanced pancreatic cancer expresses sadness and loss of purpose but continues to engage with family and maintains interest in her favourite activities. How should her distress be classified?

- (1) Major depressive disorder
- (2) Normal grief reaction
- (3) Psychotic depression
- (4) Opioid-induced mood disorder
- (5) Question not attempted

65. SPIKES protocol of breaking bad news was given by -

- (1) Dam Cicely Sounder
- (2) Rita Charon
- (3) Pollack
- (4) Bailes
- (5) Question not attempted

66. Which of the following is a core component of patient-centered communication?

- (1) Focusing on medical jargon
- (2) Eliciting the patient's perspective
- (3) Avoiding emotional discussions
- (4) Limiting family involvement
- (5) Question not attempted

67. What is the purpose of the "NURSE" acronym?

- (1) To guide physical symptom management
- (2) To structure empathic responses
- (3) To assess family dynamics
- (4) To document medical history
- (5) Question not attempted

68. Which question aligns with the "ask-tell-ask" technique?

- (1) "Do you understand your diagnosis?"
- (2) "What have the doctors told you about your illness?"
- (3) "Would you like me to explain your prognosis?"
- (4) "Are you feeling hopeful?"
- (5) Question not attempted

69. A patient with advanced cancer avoids discussing prognosis. This is likely due to:

- (1) Low health literacy
- (2) Denial as a defence against overwhelming anxiety
- (3) Preference for family decision-making
- (4) Cultural taboos
- (5) Question not attempted

70. A family insists on aggressive treatment despite a poor prognosis. The clinician should:

- (1) Override their wishes
- (2) Use a "wish statement" to align with their hopes
- (3) Avoid discussing prognosis
- (4) Refer them to another doctor
- (5) Question not attempted

71. Which factor is predictive of a family's dissatisfaction with end-of-life communication?

- (1) Lack of emotional warmth from clinicians
- (2) Use of medical jargon
- (3) Short appointment times
- (4) All of these
- (5) Question not attempted

72. When discussing prognosis with a palliative care patient, what is the best approach to balance honesty and hope ?

- (1) Avoid discussing prognosis unless the patient asks directly
- (2) Present realistic but hopeful possibilities, emphasizing symptom control and quality of life
- (3) Only discuss worst-case scenarios to prepare the patient for all outcomes
- (4) Give exact survival predictions based on statistical data without considering individual factors
- (5) Question not attempted

73. During a breaking bad news conversation, a patient states, "But I feel fine. There must be a mistake." According to the SPIKES protocol, what is the best immediate response by the physician ?

- (1) Restate the diagnosis clearly to reinforce medical accuracy
- (2) Acknowledge the patient's emotions and explore their understanding of the situation
- (3) Provide statistical evidence to support the diagnosis
- (4) Shift the conversation toward treatment options to offer reassurance
- (5) Question not attempted

74. Which of the following statements best describes how spirituality affects coping mechanisms in palliative care ?

- (1) Patients with strong religious beliefs always cope better with illness
- (2) Spiritual distress can lead to both positive and negative coping mechanisms
- (3) Spirituality has no impact on coping and is unrelated to medical care
- (4) Only organized religious practices help patients cope, while personal spirituality does not
- (5) Question not attempted

75. Which approach best follows the "I" (Invitation) step in the SPIKES protocol ?

- (1) "I have some difficult news to share. Would you like me to explain in detail ?"
- (2) "Here are the test results. I will now explain everything you need to know."
- (3) "I will only share the information with your family first."
- (4) "It's better if you don't hear all the details, as it might upset you."
- (5) Question not attempted

76. Which of the following is an effective way for a palliative care clinician to critically evaluate their own consulting skills?
- (1) Relying only on patient satisfaction surveys
 - (2) Engaging in reflective practice and peer feedback
 - (3) Avoiding self-evaluation to prevent over analyzing
 - (4) Assuming expertise and avoiding further training
 - (5) Question not attempted
77. Which of the following is a frequent challenge that palliative care professionals face in communication with patients?
- (1) Having too much time to discuss issues in detail
 - (2) Lack of formal training in discussing death and dying
 - (3) Patients being overly eager to talk about prognosis
 - (4) Family members always wanting full disclosure
 - (5) Question not attempted
78. What is the primary purpose of an advance directive in palliative care?
- (1) Allow family members to make final medical decisions
 - (2) Ensure the patient's treatment preferences are followed if they lose decision-making capacity
 - (3) Mandate palliative sedation at the end of life
 - (4) Override physician recommendations when conflicts arise
 - (5) Question not attempted
79. A 70 year old male cancer patient questions the meaning of his suffering and also his existence in world. Which option best suites for this phenomenon?
- (1) Psychological distress
 - (2) Spiritual distress
 - (3) Delirium
 - (4) Physical distress
 - (5) Question not attempted
80. A doctor experiencing personal burnout may demonstrate which of the following communication behaviours in palliative care?
- (1) Enhanced empathy and attentiveness
 - (2) Increased patient-centered discussions
 - (3) Impatience and avoidance of emotional conversations
 - (4) More frequent shared decision-making interactions
 - (5) Question not attempted
81. In the "Ask-Tell-Ask" approach to discussing prognosis, what does the first "Ask" refer to?
- (1) Asking for the family's permission before speaking to the patient
 - (2) Asking the patient what they already understand about their condition
 - (3) Asking the patient if they want to hear bad news
 - (4) Asking the patient if they are prepared to hear their prognosis
 - (5) Question not attempted

82. The four cardinal principles of ethics are all except :

- (1) Patient autonomy
- (2) Beneficence
- (3) Maleficence
- (4) Justice
- (5) Question not attempted

83. Which of the following are reasons that a patient might request, physician assisted suicide ?

- (1) Uncontrolled pain
- (2) Loss of dignity
- (3) Depression
- (4) All of these
- (5) Question not attempted

84. In a resource-limited hospice setting, beds are prioritized for patients with the highest symptom burden. This decision is based on which ethical principle ?

- (1) Beneficence
- (2) Non-maleficence
- (3) Justice
- (4) Autonomy
- (5) Question not attempted

85. Which of the following best exemplifies non-maleficence in palliative care ?

- (1) Administering high-dose opioids without monitoring side effects
- (2) Withholding treatments that cause more harm than benefit
- (3) Disregarding a patient's advance directive
- (4) Encouraging unnecessary investigations
- (5) Question not attempted

86. In a palliative care unit, a doctor, nurse, and social worker disagree on whether a patient should be told about a terminal prognosis. What is the best ethical approach ?

- (1) The doctor makes the final decision.
- (2) Follow the hospital protocol without discussion.
- (3) Engage in a team discussion and reach a consensus based on ethical principles.
- (4) Let the family decide whether to disclose the prognosis.
- (5) Question not attempted

87. Which of the following statements is true regarding the legality of withholding and withdrawing treatment in India ?

- (1) Both are illegal and considered equivalent to euthanasia
- (2) Withdrawing life-sustaining treatment is legal only if the family requests it
- (3) Withholding and withdrawing futile treatments are legal under the Supreme Court's 2018 judgment on passive euthanasia
- (4) Doctors must always seek court approval before withdrawing treatment
- (5) Question not attempted

88. CAGE questionnaire is used for -

- (1) Intensity of common symptoms
- (2) Cognition
- (3) History of Alcoholism
- (4) Pain control
- (5) Question not attempted

89. Which of the following is not included in triad of Brain death ?
- (1) Apnoea
 - (2) Absent Brainstem reflex
 - (3) Coma
 - (4) Absent Peripheral pulses
 - (5) Question not attempted
90. Cultural aspects have important role in palliative care. One such cultural aspect reject blood transfusion even in life threatening situations. It is named as –
- (1) Jehovah's witness
 - (2) Corporal Punishment
 - (3) Xenophobia
 - (4) Geneva Witness
 - (5) Question not attempted
91. Regarding consent which is true ?
- (1) Competence of patient is required.
 - (2) Consent should be generalised.
 - (3) Obtaining blank consent is the best.
 - (4) Patient does not have right to refuse treatment after giving consent.
 - (5) Question not attempted
92. Regarding withdrawing life support treatment the primary medical board should preferably issue their opinion within what time period ?
- (1) 24 hours
 - (2) 48 hours
 - (3) 72 hours
 - (4) 96 hours
 - (5) Question not attempted
93. 'Do not attempt Resuscitation' policy document was released in year 2020. This document was prepared by –
- (1) Supreme Court of India
 - (2) AIIMS, New Delhi
 - (3) Indian Council of Medical Research
 - (4) World Health Organisation
 - (5) Question not attempted
94. The Supreme Court of India has identified Right to die with dignity as Fundamental right under which Article of Constitution ?
- (1) Article 14
 - (2) Article 20
 - (3) Article 21
 - (4) Article 22
 - (5) Question not attempted
95. In India, who is the first person reported to register living will ?
- (1) M.S. Sonak
 - (2) Ranjan Gogoi
 - (3) Dr. Naresh Trehan
 - (4) Sharad Tripathi
 - (5) Question not attempted
96. A patient with terminal illness expresses a desire to donate organs. The family is willing, but the patient dies at home under palliative care. What is the legally correct action ?
- (1) Proceed with organ donation if a local doctor confirms death.
 - (2) Organs cannot be retrieved after home death.
 - (3) The family can authorize donation without official documentation.
 - (4) A police case must be registered before organ donation.
 - (5) Question not attempted

97. A 78-year-old man with end-stage COPD in palliative care requests that no resuscitation be attempted if he stops breathing. The family disagrees and insists on CPR of required.

What is the legal and ethical approach in India ?

- (1) Follow the patient's wishes and document a Do Not Attempt Resuscitation (DNAR) order
- (2) Follow the family's demand and perform CPR if needed
- (3) Seek court intervention before deciding
- (4) Ask another doctor to make the decision
- (5) Question not attempted

98. How many doctors must certify brain death in India for organ donation purposes ?

- (1) One doctor
- (2) Two doctors, including a neurosurgeon
- (3) Four doctors, including a neurologist/neurosurgeon
- (4) A medical board of at least six doctors
- (5) Question not attempted

99. Which landmark Supreme Court judgment in India legalized passive euthanasia by allowing the withdrawal of life support in terminally ill patients ?

- (1) Aruna Shanbaug Case (2011)
- (2) Common Cause v. Union of India (2018)
- (3) Gian Kaur v. State of Punjab (1996)
- (4) Puttaswamy v. Union of India (2017)
- (5) Question not attempted

100. How can a palliative care team overcome communication challenges ?

- (1) By limiting discussions to medical concerns only
- (2) By using structured communication tools like SBAR (Situation, Background, Assessment, Recommendation)
- (3) By reducing the frequency of team meetings to save time
- (4) By allowing only senior doctors to participate in decision-making discussions
- (5) Question not attempted

101. Which statement best describes the nature of roles within a palliative care team ?

- (1) Each professional has a clearly defined and rigid role with no overlap
- (2) Some roles are distinct, but others overlap, allowing flexibility in patient care
- (3) Doctors and nurses handle all aspects of care, while others play a minor role
- (4) Only the doctor makes clinical decisions, and other professionals follow instructions
- (5) Question not attempted

102. Which of the following is NOT a common form of team support in palliative care ?

- (1) Debriefing sessions after emotionally difficult cases
- (2) Providing psychological support for team members experiencing burnout
- (3) Encouraging competition among team members to enhance performance
- (4) Training programs to improve collaboration and team efficiency
- (5) Question not attempted

103. What is an important factor to consider when appointing new members to a palliative care team in India ?

- (1) Their willingness to work under a strict hierarchy
- (2) Their ability to function in an interdisciplinary setting with shared responsibilities
- (3) Their preference for working independently with minimal collaboration
- (4) Their ability to follow instructions without questioning team decisions
- (5) Question not attempted

104. One of the biggest challenges in organizing a palliative care team is :

- (1) Ensuring every team member has the same level of expertise
- (2) Managing role clarity and coordination between different professionals
- (3) Restricting decision-making to only senior doctors
- (4) Avoiding discussions on emotionally challenging topics
- (5) Question not attempted

105. In effective delegation within a palliative care team, the person delegating must ensure :

- (1) The task is outside the recipient's scope of practice
- (2) The recipient receives no supervision.
- (3) The delegated task is appropriate and clearly communicated
- (4) They are no longer accountable.
- (5) Question not attempted

106. Regular Staff Training in Palliative Care should address :

- (1) Only clinical competencies
- (2) Communication skills and emotional support
- (3) Administrative tasks
- (4) Technological Advancements
- (5) Question not attempted

107. Which of the following is not an appropriate responsibility for a palliative care volunteer ?

- (1) Companionship and emotional support
- (2) Delivering complex intravenous medications
- (3) Assisting with non-clinical tasks
- (4) Supporting families and bereavement services
- (5) Question not attempted

108. Which of the following is a key advantage of Problem-Based Learning (PBL) in palliative medicine education?

- (1) Emphasizes rote memorization
- (2) Focuses solely on lecturer expertise
- (3) Encourages active learning and clinical reasoning
- (4) Eliminates the need for group discussions
- (5) Question not attempted

109. When teaching non-medical staff (e.g., volunteers or caregivers) about symptom control in palliative care, the most effective approach is :

- (1) Lecture-based theoretical sessions
- (2) Interactive demonstrations with role play
- (3) Detailed pharmacological handouts
- (4) Peer-reviewed research discussions
- (5) Question not attempted

110. The most effective way to begin a presentation on end-of-life care is to :

- (1) Share a relevant clinical case to set context
- (2) Start with complicated data analysis
- (3) List references immediately
- (4) Read objectives word-for-word
- (5) Question not attempted

111. OSCEs are best suited for evaluating which domain of Bloom's taxonomy in palliative medicine education?

- (1) Affective and psychomotor domains
- (2) Cognitive domain only
- (3) Administrative decision-making
- (4) Legal documentation skills
- (5) Question not attempted

112. Modified Essay Questions differ from traditional essays by :

- (1) Allowing unrestricted long-form answers
- (2) Being based on progressive clinical scenarios
- (3) Only testing theoretical knowledge
- (4) Always using multiple-choice responses
- (5) Question not attempted

113. One key difference between supervision and mentoring is :

- (1) Supervision is informal and unstructured
- (2) Mentoring is performance-focused
- (3) Mentoring is relationship-based and developmental
- (4) Supervision doesn't require trainer involvement
- (5) Question not attempted

114. The experiential learning cycle proposed by David Kolb includes which of the following stages ?

- (1) Learning, memorizing, reciting, applying
- (2) Observation, analysis, examination, writing
- (3) Concrete experience, reflective observation, abstract conceptualization, active experimentation
- (4) Planning, teaching, assessing, remediating
- (5) Question not attempted

115. Which of the following best reflects level I evidence in EBM hierarchy ?

- (1) Expert opinion
- (2) Case report
- (3) Randomized controlled trial
- (4) Animal study
- (5) Question not attempted

116. In qualitative research, the researcher's influence on the data is acknowledged as :

- (1) Error bias
- (2) Observer blinding
- (3) Reflexivity
- (4) Random variation
- (5) Question not attempted

117. Which of the following is a key feature of a cross-sectional survey ?

- (1) Data is collected at multiple time points.
- (2) Participants are randomized.
- (3) Data is collected at a single point in time.
- (4) It only includes hospitalized patients.
- (5) Question not attempted

118. What is the primary goal of piloting a questionnaire before a survey ?

- (1) Collect baseline data
- (2) Validate the instrument and identify potential issues
- (3) Generate random samples
- (4) Increase response rates
- (5) Question not attempted

119. Which phase of clinical trials focuses primarily on safety and dosage ?

- (1) Phase I (2) Phase II
- (3) Phase III (4) Phase IV
- (5) Question not attempted

120. The CONSORT guidelines are intended to :

- (1) Replace ethical approval
- (2) Facilitate sample size calculation
- (3) Improve the reporting quality of RCTs
- (4) Design qualitative research
- (5) Question not attempted

121. Which is not a side effect of tricyclic antidepressants (TCA) ?

- (1) Urinary retention
- (2) Sedation, xerostomia, weight gain
- (3) Diarrhoea, bradycardia
- (4) Postural hypotension
- (5) Question not attempted

122. A diagnosis of osteoporosis is made if T-score (in bone marrow density study) is

- (1) Below -1
- (2) Below -2.5
- (3) Below -3
- (4) More than 1
- (5) Question not attempted

123. Which malignancy is most commonly associated with catastrophic haemorrhage in palliative care patients ?

- (1) Prostate cancer
- (2) Head and neck cancer
- (3) Pancreatic cancer
- (4) Multiple myeloma
- (5) Question not attempted

124. Which of the following is not included in essential medicine list of palliative care ?

- (1) Amitriptylline
- (2) Morphine
- (3) Hyoscine butyl bromide
- (4) Pregabalin
- (5) Question not attempted

125. Which physician introduced the term "palliative care" in North America ?

- (1) Dame Cicely Saunders
- (2) Balfour Mount
- (3) Eric Cassell
- (4) Elisabeth Kübler-Ross
- (5) Question not attempted

126. How does supportive care differ from palliative care ?

- (1) Supportive care focuses only on cancer, while palliative care is for all life-limiting illnesses.
- (2) Supportive care is provided alongside curative treatments, while palliative care is only for end-of-life care.
- (3) There is no difference between the two.
- (4) Supportive care primarily addresses the side effects of disease and its treatment.
- (5) Question not attempted

127. The WHO definition of palliative care (Revised 2002) states all except :

- (1) Provides relief from pain and other distressing symptoms.
- (2) Integrates the psychological and spiritual aspects of patient care.
- (3) Counsels in favour of DNR
- (4) Offers a support system to help patients live as actively as possible till death.
- (5) Question not attempted

128. Which of the following is a barrier to the early initiation of palliative care ?

- (1) Misconception that palliative care is only for end-of-life patients.
- (2) Lack of trained healthcare professionals
- (3) Fear that discussing palliative care means giving up hope
- (4) All of these
- (5) Question not attempted

129. What is the difference between palliative care and hospice care in terms of when services are provided ?

- (1) Palliative care is only provided after curative treatment is stopped, while hospice care is provided earlier.
- (2) Palliative care can be provided alongside curative treatment at any stage, while hospice care is for patients with a prognosis of six months or less.
- (3) Both palliative care and hospice care are provided only in the last six months of life.
- (4) Palliative care is only for cancer patients, while hospice care is for non-cancer patients.
- (5) Question not attempted

130. Which of the following statements about the timing of palliative care is TRUE ?

- (1) Early palliative care improves quality of life and may prolong survival.
- (2) Palliative care should be started only when patients are no longer receiving disease-directed therapy.
- (3) Palliative care is only appropriate in the last six months of life.
- (4) Palliative care does not provide any benefit if initiated early.
- (5) Question not attempted

131. Where was the first hospital-based palliative care unit established ?

- (1) St. Christopher's Hospice, London
- (2) Royal Victoria Hospital, Montreal
- (3) Mayo Clinic, USA
- (4) Karolinska Institute, Sweden
- (5) Question not attempted

132. Which healthcare professionals are most commonly involved in providing General Palliative Care ?

- (1) Only medical oncologists and anesthesiologists
- (2) Primary care physicians, nurses, and social workers
- (3) Only board-certified palliative care specialists
- (4) Emergency department physicians
- (5) Question not attempted

133. Which of the following is a major challenge in changing societal perceptions of death and palliative care ?

- (1) The portrayal of death as a failure of medicine
- (2) The increasing prevalence of non-communicable diseases
- (3) The advancement of precision medicine and personalized treatment
- (4) The lack of integration of alternative medicine into palliative care
- (5) Question not attempted

134. In the context of palliative care assessment, the ECOG performance status scale is used primarily to :

- (1) Identify cognitive impairment in elderly patients
- (2) Determine neuropathic pain involvement
- (3) Evaluate patient's functional status and prognosis
- (4) Measure symptom severity quantitatively
- (5) Question not attempted

135. Which of the following is most characteristic of advanced dementia requiring palliative care ?

- (1) Predictable disease trajectory
- (2) Sudden cardiovascular collapse
- (3) Progressive cognitive decline with increasing dependency and swallowing difficulties
- (4) Intact communication but worsening motor skills
- (5) Question not attempted

136. Which of the following substance produces the metabolic 6-monoacetylmorphine (6-MAM) which is detected in urine ?

- (1) Morphine (2) Codeine
- (3) Heroin (4) Fentanyl
- (5) Question not attempted

137. Which medication has a lower risk of extrapyramidal symptoms and is often preferred for long-term psychosis management ?

- (1) Haloperidol
- (2) Olanzapine
- (3) Morphine
- (4) Lorazepam
- (5) Question not attempted

138. Palliative hormone therapy is most effective in :

- (1) Breast cancer
- (2) Lung cancer
- (3) Sarcomas
- (4) Glioblastoma
- (5) Question not attempted

139. Massive hemoptysis is defined as bleeding >

- (1) 100 mL/day
- (2) 200 mL/hour
- (3) 600 mL/24h
- (4) 1 L/week
- (5) Question not attempted

140. First-line medication for bladder spasm :

- (1) Oxybutynin
- (2) Tamsulosin
- (3) Furosemide
- (4) Finasteride
- (5) Question not attempted

141. Which of the following is most useful for depression with insomnia and anorexia ?

- (1) Fluoxetine
- (2) Mirtazapine
- (3) Citalopram
- (4) Bupropion
- (5) Question not attempted

142. Delirium in palliative care is most commonly :

- (1) Hyperactive
- (2) Hypoactive
- (3) Mixed
- (4) Psychotic
- (5) Question not attempted

143. A 42-year-old woman with secondary progressive multiple sclerosis presented with increasing pain, stiffness and night-time spasms in her upper and lower limbs. This had led to sleep disturbance. She had recently stopped interferon-beta therapy.

On examination, she was in a wheelchair. There were flexor and extensor spasms observed in all limbs. Spasticity was present in antigravity muscles. Power in her lower limbs was 3/5. According to NICE guidance 'Multiple sclerosis in adults : management' (2020), what is the most appropriate initial step in management of her spasticity ?

- (1) Botulinum toxin injection
- (2) Cannabis extract oral spray
- (3) Oral baclofen
- (4) Oral dantrolene
- (5) Question not attempted

144. You have been consulted on a 36-year-old female with stage IV gastric carcinoma with metastatic disease in the liver and lung. She has been admitted with 1-week history of intractable nausea and vomiting and inability to tolerate any liquids or solids. Patient abdominal CT has shown complete small bowel obstruction due to tumor infiltration and overall disease progression. Patient is now status post placement of nasogastric tube with continuous wall suction. Surgical oncology team has been consulted to evaluate her but with her recent disease progression and poor performance status she is not been considered for any interventions. Which of the following pharmacological option is contraindicated in this patient?

- (1) Metoclopramide 10 mg IV every 6 hours around the clock
- (2) Dexamethasone 4 mg BID
- (3) Haloperidol 1 mg IV every 6 hours around the clock
- (4) Octreotide SubQ 200 to 900 mcg/day in 2 to 3 divided doses
- (5) Question not attempted

145. A high-output ileostomy may lead to:

- (1) Hypocalcemia
- (2) Dehydration and electrolyte imbalance
- (3) Constipation
- (4) Ascites
- (5) Question not attempted

146. The ideal volume to drain in a single pleural tap to avoid re-expansion edema is:

- (1) 100 mL
- (2) 250 mL
- (3) 500-1000 mL
- (4) >1500 mL
- (5) Question not attempted

147. When assessing evidence, the term "PICO" stands for:

- (1) Patient, Intervention, Comparison, Outcome
- (2) Protocol, Investigation, Control, Objective
- (3) Pain, Infection, Chemotherapy, Opioids
- (4) Patient, Intensity, Complication, Outcome
- (5) Question not attempted

148. Buprenorphine is classified as

- (1) Agonist
- (2) Partial agonist
- (3) Partial antagonist
- (4) Mixed agonist antagonist
- (5) Question not attempted

149. 'Opioid endocrinopathy' refers to decrease in blood level of the following hormones except:

- (1) Thyroid Stimulating Hormone (TSH)
- (2) Testosterone
- (3) Estrogen
- (4) Cortisol
- (5) Question not attempted

150. At spinal level, activation of which opioid receptor in particular triggers itching?

- (1) μ receptor
- (2) κ receptor
- (3) δ receptor
- (4) σ receptor
- (5) Question not attempted

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146. The ideal volume to draw in a single pleural tap to avoid re-expansion edema is
- 100 mL
 - 250 mL
 - 500-1000 mL
 - >1500 mL
 - Question not attempted
147. When assessing evidence, the term "PICO" stands for
- Patient, Intervention, Comparison, Outcome
 - Protocol, Investigation, Control, Objective
 - Pain, Infection, Chemotherapy, Opioids
 - Patient, Intensity, Complication, Outcome
 - Question not attempted
148. Buprenorphine is classified as
- Agonist
 - Partial agonist
 - Partial antagonist
 - Mixed agonist antagonist
 - Question not attempted
149. Opioid endocrinopathy refers to decrease in blood level of the following hormones except
- Thyroid Stimulating Hormone (TSH)
 - Testosterone
 - Prolactin
 - Cortisol
 - Question not attempted
150. At spinal level, activation of which opioid receptor in particular targets itching?
- μ receptor
 - κ receptor
 - δ receptor
 - σ receptor
 - Question not attempted

141. You have been consulted on a 30-year-old female with stage IV gastric carcinoma with metastatic disease in the liver and lung. She has been admitted with 1-week history of intractable nausea and vomiting and inability to tolerate any liquids or solids. Patient abdominal CT has shown complete small bowel obstruction due to tumor infiltration and overall disease progression. Patient is now status post placement of nasogastric tube with continuous wall suction. Surgical oncology team has been consulted to evaluate her but with her recent disease progression and poor performance status she is not being considered for any interventions. Which of the following pharmacological option is contraindicated in this patient?
- Metoclopramide 10 mg IV every 6 hours around the clock
 - Dexamethasone 4 mg BID
 - Haloperidol 1 mg IV every 6 hours around the clock
 - Oxycodone SubQ 200 to 300 mg/day in 2 to 3 divided doses
 - Question not attempted
145. A high-output ileostomy may lead to
- Hypocalcemia
 - Dehydration and electrolyte imbalance
 - Constipation
 - Ascites
 - Question not attempted