

Quiz 3

1. A patient prescribed morphine for postoperative pain management. Which of the following effects is most likely to be observed due to the activation of mu (μ) receptor
 - A. Tachycardia
 - B. Psychotomimetic effects - (activated by K receptors. hallucination, delirium)
 - C. Bradycardia
 - D. Analgesia - **(activated by μ known as mu receptors. pain reduction)**
2. A patient already taking opioids round-the-clock, experiences breakthrough cancer pain. What criteria should be met for the appropriate use of transmucosal fentanyl in this patient?
 - A. Taking at least 60mg of oral oxycodone a day
 - B. Taking an equianalgesic dose of another opioid - **(criteria for transmucosal fentanyl prescription)**
 - C. Presence of acute pain
 - D. Aged 16 years or older
3. Which category of drugs, such as methadone and buprenorphine, is used to substitute for the abused opioid and given to patients not ready for detoxification?
 - A. Opioid agonists **(methadone is an opioid agonist and buprenorphine is an agonists-antagonists used for patients not ready for detoxification)**
 - B. Opioid antagonists - (block opioid receptors - naloxone)
 - C. Non-opioid analgesics (NSAIDs, ibuprofen, Tylenol - relief moderate pain)
 - D. Opioid analgesics
4. What adverse psychological effects can be experienced in high doses of marijuana?
 - A. Improved mood and relaxation
 - B. Enhanced creativity and problem-solving skills
 - C. Increased sociability and interpersonal interaction
 - D. Hallucinations, delusions and paranoia - **(due to high doses)**
5. What characterizes the second phase withdrawal experienced by opioid addicts after the acute abstinence syndrome?
 - A. Respiratory depression
 - B. Euphoria
 - C. Gastrointestinal hyperactivity - **(insomnia, irritability, fatigue, premature ejaculation and gastrointestinal hyperactivity, which last for months)**
 - D. Miosis
6. What adverse effect is associated with tramadol that requires careful monitoring, especially in patients with neurologic disorders?
 - A. Hepatocellular injury
 - B. Seizures - **(reported in patients with neurological disorders such as epilepsy)**
 - C. Hypertensive crisis
 - D. Respiratory depression
7. Why might the degree of pain relief achieve with codeine be lower than with morphine, even at equivalent doses?
 - A. Codeine has a shorter half-life than morphine, leading to a briefer duration of action