POST GRADUATE DIPLOMA IN CLINICAL CARDIOLOGY (PGDCC)

Term-End Examination

00833

December, 2013

MCC-006: PREVENTIVE CARDIOLOGY

Time: 2 hours

Maximum Marks: 60

Note:

- (i) There will be multiple choice type of questions in this examination which are to be answered in **OMR Answer Sheets**.
- (ii) All questions are compulsory.
- (iii) Each question will have four options and only one of them is correct. Answers have to be marked in figures in the appropriate rectangular boxes corresponding to what is the correct answer and then blacken the circle for the same number in that column by using HB or lead pencil and not by ball pen in OMR Answer Sheets.
- (iv) If any candidate marks more than one option it will be taken as the wrong answer and no marks will be awarded for this.
- (v) Erase completely any error or unintended marks.
- (vi) There will be 90 questions in this paper and each question carries equal marks.
- (vii) There will be no negative marking for wrong answers.
- (viii) No candidate shall leave the examination hall at least for one hour after the commencement of the examination.

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	(1)	10%	(2)	20%		(3)	30%	(4)	18%
8.	In H	ealth Profession———————————————————————————————————		w up stud Coronary		nins o	f daily walkii	ng was ass	ociated with
	(1)	> 20	(2)	> 25		(3)	> 30	(4)	> 35
7.	Obe	sity is defined	as BMI :						
	(3)	Intimal thick	ening		(4)	Non	e of the abov	e	
	` '	Positive remo	O		(2)		ative remode	Ü	
6.		enosis after ba		gioplasty i					
	(1)	46%	(2)	20%	•	(3)	25%	(4)	14%
5.	Phai	rmacological re	eduction	on diastoli	c BP by	, 5 - 6	5 mm Hg redi	uces risk o	of CAD by:
	(1)	1 - 2%	(2)	2 - 3%		(3)	3 - 4%	(4)	4 - 5%
		liovascular dis		, 0.					
4.	Each	n increase of H	IDL - C b	y 1 mg/dl	is asso	ciate	d with	% deci	rease on total
	(3)	Buscopan			(4)	Low	yield cigaret	ttes	
	(1)	Nicotine che	ewing gu	m	(2)	_	ropion		
3.	Rece	ent drug used	for Smok	king Cessat	ion :				
	,				,				
	(3)	75% of cross			(4)		of cross sect		
	(1)	50% of cross			(2)		cross section		
2.	Lum	ninal Stenosis :	is said to	occur whe	n nlag	ue bu	rden exceeds		
	(3)	25% per yea	ır		(4)	5%	per year		
	(1)	0.001% per	year		(2)	0.1	- 0.2% per ye	ar	
	(1)	0.001% per	vear		(2)	0.1	- 0.2% per ve	ar	

J.	AIII	outil of Alcohol v	vincii	is Cardio p	notecti	ve.			
	(1)	30 ml	(2)	20 ml		(3)	50 ml	(4)	60 ml
10.	Safe	Lipid Lowering	drug i	in Children	is:				
	(1)	Resin	(2)	Statin		(3)	Fibrates	(4)	Niacin
11.	Eacl	n 5 mmHg increa	se in	diastolic BF	, asso	ciated	with	_ increa	se in stroke
	(1)	56%	(2)	21%		(3)	47%	(4)	34%
12.	JNC	VI, Optimal BP i	s:						
	(1)	130/80	(2)	120/80	•	(3)	140/90	(4)	150/100
13.	False	e regarding Fish (oil is :						
	(1)	Antithrombic e	ffects						
	(2)	Anti Inflammat	ory						
	(3)	Contraindicated	l in h	yper triglyc	eriden	nia			
	(4)	Decrease VLDL	syntl	nesis					
14.	In p	ost Menopausal V	Vome	n, exogenoi	us estr	ogen :	results in all ex	ccept :	
	(1)	↑ HDL			(2)	↑ LI	DL		
	(3)	↑ Apolipoprote	in - a		(4)	↓ A _]	polipoprotein I	3 100	
15.	All	the following are	comp	onents of M	1etabo	lic Sy	ndrome X exce	pt:	
	(1)	Hypertriglyceri	demia	ı	(2)	High	n HDL Levels		
	(3)	Hyper insuliner	mia		(4)	Нур	ertension		
16.	The	Most Common C	Cause (of death in	wome	n is :			
	(1)	CAD	(2)	CVA		(3)	Cancer	(4)	COPD

17.	Perc	entage of patient	s with	CAD having S	SCD:			
	(1)	10 - 20%	(2)	5 - 10%	(3)	20 - 25%	(4)	25 - 50%
18.	Carc	dio Protective age	ent pre	esent in Red wir	ne is :			
	(1)	Resveratrol	(2)	Methyl Alcoho	ol (3)	Ethyl Alcohol	(4)	None
19.	Orig	in of Lipoprotein	is fro	m :				
	(1)	Intestine	(2)	Liver	(3)	Tissue	(4)	All
20.	The	drug used in Hel	sinki I	Heart Study is :				
	(1)	Gemfibrozil		(2)	Pra	vastatin		
	(3)	Lovastatin		(4)	Sim	nvastatin		
21.	CAE) in women, equa	alling '	that in men by a	age :			
	(1)	55 years	(2)	65 years	(3)	75 years	(4)	85 years
22.	Mos	t of the dietary fa	ıt cons	sists of :				
	(1)	Cholesterol	(2)	Triglycerides	(3)	Chylomicrons	(4)	Trone
23.	Ave	rage Reduction o	f BP C	1 kg reduction	ı in bo	dy weight :		
	(1)	1.3/1.0 mmHg		(2)	1.6,	/1.3 mmHg		
	(3)	10/5 mmHg		(4)	20/	10 mmHg		
24.	Mec	hanism of action	of stat	tin is :				
	(1)	Decrease Hepat	ic pro	duction of VLD	L, LDI	L	\$	
	(2)	Interaction with	ı PPA	Rα				
	(3)	Decreased hepa	tic sec	retion of VLDL	from	Liver		
	(4)	Interrupt the er	nteroh	epatic circulation	n of bi	le		

25.	Syn	Syndrome X is (angina with normal angiogram) is due to :							
	(1)	Athero sclerosis	(2)	Coronry Spasm					
	(3)	Microvascular dysfunbtion	(4)	Coronary emboli					
26.	The	incidence of primary Cardiac ar	rest low	vered by OMEGA-3 fatty acids due to:					
	(1)	Prevents Atherosclerosis							
	(2)	Reductron in risk for abnorma	al cardia	c electrical conductivity					
	(3)	Decreases inflammsatory mark	kers						
	(4)	All							
27.	Patio	ent with CAD, LDL goal is :							
	(1)	< 70 mg/dl	(2)	< 100 mg/dl					
	(3)	< 130 mg/dl	(4)	< 160 mg/dl					
28.	Con	nmon Causes of death in young	athletes	(age < 35 years) is :					
	(1)	Coronary anamolies	(2)	HCM					
	(3)	↑ Cardiac mass	(4)	Tunnelled LAD					
29.	Ciga	arette smoking has all the follow	ing effec	cts on CAD except :					
	(1)	Pre disposes to atheroscleratic	plaque (erosion					
	(2)	Acute thrombosis							
	(3)	Does not aggravate other risk	factors						
	(4)	Cessation of smoking has beer	shown	to decrease both morbidity and mortality					
30.	Lipi	d lowering drug that has Antiox	kidant pi	roperties :					
	(1)	Niacin (2) Resin		(3) Probucol (4) Statin					

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31.	Step	II diet % of calor	ies fro	om saturated	d fats	:			
	(1)	30%	(2)	10%		(3)	< 7%	(4)	55%
32.	Follo	owing drug will ca	ause c	dyslipidemia	a:				
	(1)	Thiazide diureti	С		(2)	retin	oic acid		
	(3)	ССВ			(4)	Beta	Blockers		
33.	Prim	nary Prevention go	oal LI	DL, TG, HD	L Lev	els :			
	(1)	LDL 130 mg/dl,					- 250 mg/dl		
	(2)	LDL < 130 mg/g							
	(3)	LDL 161 - 190 m					ŭ	g/dl	
	(4)	LDL > 190 mg/o	dl, HI	DL < 25 mg,	/dl, T	G > 40	00 mg/dl		
34.	Paln	nar Striated Xanth	nomas	are Pathog	nomo	nic of	: :		
	(1)	Familial Hyper	Chylo	omicronemia	1				
	(2)	Type V Hyperlip	oidem	nia					
	(3)	Type III Hyper l	ipopr	oteinemia					
	(4)	Familial Hyper t	triglyo	ceridemia					
35.	Ü	nest prevalence of	HTN	in world is					
	(1)	Indians			(2)	-	amic Americans	3	
	(3)	African America	ans		(4)	Whit	tes		
36.	Drus	g that decrease FF	A Mo	obilization fi	rom p	rephe:	ry is :		
	(1)	Resin	(2)	Statin		(3)	Fibrates	(4)	Niacin
37.	Anti	hypertensive reco	mme	ded in Beni	gn Pro	ostatic	Hyperplasia :		
	(1)	ACE Inhibitor	(2)	Diuretic		(3)	α blockers	(4)	β blockers

38.	Dru	g not Indicated fo	or Hyj	pertriglycerid	emia	ı :			
	(1)	Resin	(2)	Statin		(3)	Fibrates	(4)	Niacin
39.	All	the following are	benef	icial effects of	f AC	E - I i	n CAD except :		
	(1)	Reduction on L	VH						
	(2)	Reduction in V	ascula	r Hypertropł	ny				
	(3)	Reduction in pl	aque :	rupture					
	(4)	No effect on co	ronary	endothelial	vasc	moto	r functions		
40.	No i	increase in LDL -	C foll	owing intake	of:				
	(1)	Myristic acid	(2)	Lauric acid		(3)	Oleic acid (4)	Paln	nitic acid
	w 11								
41.		owing drug will c		•		.			
	(1)	Thiazide diuret	ic		(2)		noic acid		
	(3)	CCB			(4)	Beta	blockers		
42.	Lipo	oprotein X format	ion is	seen in :					
	(1)	Liver disease	(2)	Renal disea	se	(3)	Drug induced	(4)	Diabetes
	(1)	Elver allocase	(2)	Terrar aroca		(0)	Drug maucca	(*)	Diabetes
43.	Mali	ignant Hypertens	ion is	defined as D	iasto	lic BP			
	(1)	> 90 mm Hg			(2)	> 100	0 mm Hg		
	(3)	> 120 mm Hg			(4)	> 113	5 mm Hg		
44.	Asp	irin in Secondary	Preve	ention reduce	s CV	D eve	ents by :		
	(1)	25%	(2)	18%		(3)	22%	(4)	27%
45 .	Acco	ording to JNC VI,	stage	I HTN is:					
	(1)	130 - 139/85 - 8	39		(2)	< 13	0/< 85		
	(3)	140 - 159/90 - 9	9		(4)	160 -	- 179/100-109		

6.	Smo	kes who quit, red	uces e	xcess risk o	of core	nary (event within 1 st y	ear is	:
	(1)	10%	(2)	20%		(3)	40%	(4)	50%
_	*** *								
7.	Wali	nuts are rich in :							
	(1)	Linoleic acid			(2)	Linol	lenic acid		
	(3)	Eicosa Pentanoio	c acid		(4)	Deco	sa hexanoic acid	[
8.	One	of the following i	s not a	a benefit of	Low	Carbo	hydrate diet ?		
	(1)	Rapid rate of ini	tial w	t. loss	(2)	HDL	Increase		
	(3)	Decreased Trigly	/ceride	e Levels	(4)	Decre	eased LDL Level	S	
9.	_	er Global Burden Loped countries w		sease study	repor	ted in	2000, commones	t caus	e of death in
	(1)	Ischaemic Heart	-Disea	se	(2)	Cerel	orovascular Dise	ase	
	(3)	Respiratory Can	cers		(4)	Lowe	er Respiratory In	fectior	ns
).	-	er Global Burden loping countries v		sease study	repor	ted is	2000, commones	t cause	e of death in
	(1)	Ischemic Heart -	Disea	se	(2)	Cerel	orovascular Disea	ase	
	(3)	Lower Respirato	ry Inf	ections	(4)	HIV/	AIDS		
۱.	-	er study of Healt est prevalence of						•	
	(1)	South Asian Ind	ians		(2)	Euro	peans		
	(3)	Chinese			(4)	Japar	nese		
2.	-	er 2000 statistics, dia is because of :		mmonest ca	ause o	f Disa	bility Adjusted L	ife Ye	ars (DALYs)
	(1)	Perinatal Condit	ion		(2)	Lowe	er Respiratory Tr	ack In	fections
	(3)	Diarrhoeal Disea	ise		(4)	Ischa	emic Heart Disea	ase	

- **53.** Following statements about natural history of coronary Artery Disease are true except:
 - (1) Bogalusa Heart study showed a positive correlation between childhood risk factors and coronary artery lesion
 - (2) As per Pathological Determinants of Atherosclerosis in youth (PDAY) Research Group; young Americans who have risk factors for clinical coronary artery disease in particular high LDL cholesterol level and obesity have a high prevalance of advanced atherosclerotic plaque
 - (3) Numerous studies have shown that Atherosclerotic process starts very early in life, even as early as three years of age
 - (4) Post mortem analysis of heart of young US casualities (mean age 22 years) in the Korean Conflict showed the incidence of coronary Atherosclerotic lesion to the 17 percent
- **54.** Following statements about Atherosclerosis are true except:
 - (1) Atherosclerosis can involve both large and mid size arteries
 - (2) Atherosclerosis produces focal stenosis in certain areas of affected vessels much more than in others
 - (3) Atherosclerosis has long inculation period. Typically symptoms occur after several decades of delay
 - (4) Ectasia of the vessel, rules out atherosclerosis as its cause
- **55.** Following are modifiable risk factors for Coronary Artery Disease except :
 - (1) Diet

(2) Smoking

(3) Age

(4) Physical Inactivity

- **56.** In men aged 30 39 years; according to age, ninty eight percent have 10 years risk of coronary artery disease :
 - (1) Less than 10%

(2) 10 - 19 percent

(3) 20 - 29 percent

(4) 30 - 49 percent

57.	Other things being equal, the ratio of women dying during or shortly after coronary by pass surgery as compared to men is :								
	(1)	Half	(2)	Twice		(3)	Three times	(4)	Four Times
58.	Follo	owing statements	are tr	rue except :					
	(1)	Saturated fatty a	acids	increase LD	L cho	olestro			
	(2)	Monosaturated 1	fatty a	acids lower	LDL	choles	trol		
	(3)	Polyunsaturated	fatty	acids lowe	r LDI	L chole	stcool and incre	ase HI	DL cholestrol
	(4)	(4) Even in the absence of overt diabets, a raised blood sugar may cause endothelial damage							
59.	Follo	owing are the reas	sons v	vhich make	athei	roscler	osis ideal for pre	eventio	n except
	(1)	Common disease	e with	n high incid	lence				
	(2)	Long disease lat	ency						
	(3)	Long Time betw	een sy	ymptoms ai	nd dis	sability			
	(4)	Sudden death is	a cor	mmon prese	entatio	on			
60.	hype redu	er'INTER HEART ertension, abdomin ced alcohol consu cardial infarction	nal ob mptic	esity, psych	nosoci	al stre	ss, poor diet, phy	/sical i	nactivity and
	(1)	10 - 20 percent			(2)	30 -	40 percent		
	(3)	50 - 60 percent			(4)	> 90	percent		
61.	is ca	rts to prevent the c		•		•		tors in	a population
	(1)	Primordial Preve	entior	ı	(2)	Prim	ary Prevention		
	(3)	Secondary Preve	ention	l	(4)	Prim	ary and a half P	revent	ion

	"He	art disease before e ve ?	ighty is our f	fault, no	ot God	's or Natur	e's will" w	ho wrote the
	(1)	Dr. Paul Dudley v	white	(2)	Dr.	E Braunwal	đ	
	(3)	Dr. JW Hurst		(4)	Dr. 0	Geoffrey Ros	se	
63.		ningham Heart stud g and Blood Institut	-	•		Heart Institu	ite (now N	ational Heart,
	(1)	1948 (2) 1958		(3)	1968	(4)	1978
64.	Witl	nin six years after a	heart attack,	followi	ng sta	tements are	true excep	ot:
	(1)	34 percent of men	and 18 perc	cent of v	wome	n will have	another he	art attack
	(2)	7 percent of men	and 6 percent	t of wor	nen w	rill experien	ce sudden	death
	(3)	22 percent of men	and 46 perce	ent of w	omen	will be disa	bled by he	eart failure
	(4)	8 percent of men	and 11 percer	nt fo wo	men י	will have a s	stroke	
65.		ffrey Rose suggested community :	d following p	reventiv	e stra	tegy to redu	ce the dise	ase burden in
65.		•		reventiv	e stra	tegy to redu	ce the dise	ase burden in
65.	the	community :	n Stratgey	reventiv	e stra	tegy to redu	ce the dise	ase burden in
65.	the (1)	community : Population Health	n Stratgey		e stra	tegy to redu	ce the dise	ase burden in
65.	the (1) (2)	community : Population Health Individual Strateg	n Stratgey 59 < Factor Strate		e stra	tegy to redu	ce the dise	ase burden in
65.	(1) (2) (3) (4)	community: Population Health Individual Strateg Single Raised Risk	n Stratgey Sy k Factor Strate k Strategy	egy				
	(1) (2) (3) (4)	community: Population Health Individual Strateg Single Raised Risk High Baseline Risk	n Stratgey Sy k Factor Strate k Strategy	egy		g type of pr		
	(1) (2) (3) (4) Che	community: Population Health Individual Strateg Single Raised Risk High Baseline Risk moprevention as a s	n Stratgey Sy k Factor Strate k Strategy	egy ed in fol	llowin Prin	g type of pr	evention :	
	the (1) (2) (3) (4) Che (1) (3)	community: Population Health Individual Strateg Single Raised Risk High Baseline Risk moprevention as a second se	n Stratgey Sy K Factor Strate K Strategy Strategy is use	egy ed in fol (2) (4)	llowin Prin Both	g type of pr nary Primary ar	evention : nd Seconda	ary
66.	the (1) (2) (3) (4) Che (1) (3)	community: Population Health Individual Strateg Single Raised Risk High Baseline Risk moprevention as a s Primordial Secondary	n Stratgey Sy K Factor Strate K Strategy Strategy is use	egy ed in fol (2) (4)	llowin Prin Both ork w	g type of pr nary Primary ar	evention : nd Seconda	ary
	(1) (2) (3) (4) Che (1)	community: Population Health Individual Strateg Single Raised Risk High Baseline Risk moprevention as a second se	n Stratgey Sy k Factor Strate k Strategy	egy ed in fol (2)	llowin Prin	g type of pr	evention :	

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68.		out three decades a	igo in	which coun	try 'a	nythir	ng green' was o	dismissec	d as "food for
	(1)	India	(2)	Finland		(3)	USA	(4)	Australia
69.	'Nu	rses Health Study	' was	started in th	ne foll	lowing	g year :		
	(1)	1966	(2)	1976		(3)	1986	(4)	1996
70.		'Healthy Aging Lo	0	•	•	,	-		0.
	(1)	53 percent	(2)	63 percent		(3)	73 percent	(4)	83 percent
71.		ct of diet - Evalu tality rate in crete					ries study sho	owed a s	ixfold lower
	(1)	Eastern Finland			(2)	Easte	ern Mexico		
	(3)	Eastern German	у		(4)	USA			
72.		n general statemer owing percentage		•			LDL choles	terol res	ults in about
	(1)	10 percent	(2)	20 percent		(3)	30 percent	(4)	40 percent
73.	Follo exce	owing studies sho pt:	wed t	he benefit o	f lipid	l Lowe	ering Drug in s	secondar	y Prevention
	(1)	Scandinavian Si	mvast	atin Surviva	al stu	dy			
	(2)	Cholesterol and	Recu	rrent Events	stud	y			
	(3)	Lipid Long term	Inter	vention wit	h Pra	vastat	in in Ischaemi	c disease	study
	(4)	West of scotland	l coro	nary preven	ition s	study			

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	thei	r study :									
	(1)	Simvastatin	(2)	Pravastatin							
	(3)	Atrovastatin	(4)	Ramipril							
	T 11										
<i>7</i> 5.		owing statements are true except									
	(1)	A ripe fruit has a higher glycaer		Ŭ							
	(2)	Sugar infiber rich foods tends to	Sugar infiber rich foods tends to be absorbed into the blood stream more slowly.								
	(3)	O .	The higher a food's fat content, the faster its corbohydrates are converted into sugar and absorbed into the blood stream.								
	(4)	Finely ground flour has a higher	glyca	emic index than coarse ground flour.							
76.	Follo	owing oils contain more polyunsa Sunflower (2) Corn	turated	d fats then monosaturated fats except : (3) Soyabean (4) Peanut							
77.	-	per united states, Department of Ag aturated fat :	ricultı	are following oils contain the least amount							
	(1)	Sunflower (2) Rice bran		(3) Olive (4) Canola							
78.		er polyunsaturated or monosatura		lories of carbohydrates with 80 calories of ats lowered the rish for heart-disease by							
	(1)	10 - 20 percent	(2)	20 - 30 percent							
	(3)	30 - 40 percent	(4)	40 - 50 percent							
79.	Follo	owing statements are true except :		•							
	(1)	Proteins provide the essential an	ninoac	ids							
	(2)	Proteins from animal source are	taken	as 'complete' protein							
	(3)	Proteins from plant source are ta	ken as	'incomplete' protein							
	(4)	Animal source proteins are good for heart									

The Heart Outcomes Prevention Evaluation Study used one of the following drug in

74.

- **80.** WHO in making the dietary recommendations for prevention of heart disease has recommended the following except:
 - (1) Saturated fat should be less than 10 percent
 - (2) Cholesterol less than 500 gm
 - (3) Carbohydrates to provide 50 70 percent of calories
 - (4) Total dietary fibre 27 40 gms/day
- **81.** Following statements are **true** about smoking cessation except:
 - (1) Men and women who stop smoking, risk of coronary artery disease is reduced by 25 percent after one year.
 - (2) Ten years after quitting, male exsmokers have same mortality as nonsmokers.
 - (3) Lung Cancer mortality is reduced by 60 percent after 5 years of quitting.
 - (4) In ASPIRE (Action on Secondary Prevention through Intervention to Reduce Events) trial; one in five patients had resumed smoking cigarettes at follow up.
- **82.** Following statements about Alcohol are **true** except:
 - (1) Observational studies demonstrate that heavy alcohol intake increases total mortality and cardiovascular disease mortality
 - (2) There is inverse relationship between light to moderate drinking and risk of heart attack
 - (3) Beneficial effects of alcohol for persons, who drink one or two onces per day is because of increase in HDL
 - (4) Beneficial effects of alcohol for persons, who drink one or two oreces per day is because of increase in platelet activity
- **83.** Following are the beneficial effects of exercise except:
 - (1) Increases HDL

- (2) Reduces LDL
- (3) Decreases insulin sensitivity
- (4) Reduces Blood Pressure

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- 84. Following statements about Blood Pressure are true except:
 - (1) There is linear risk relation between blood pressure and the risk of vascular mortality down to a pressure of at least 115/75 mm Hg throughout middle and old age
 - (2) For individuals 40 to 70 years of age, each increment of 20 mm in Systolic Blood Pressure or 10 mm in Diastolic Blood Pressure doubles the risk of cardiovascular disease across a blood pressure range of 115/75 mm Hg to 185/115 mmHg
 - (3) The Antihypertensive and lipid lowering treatment to prevent heart attack trial demonstrated the efficecy of thiazide diuretics compared with other antihypertensive agents
 - (4) Hypertension in Very Elderly Trial found that treatment of hypertension with a diuretic and ACE inhibitors increased risk of heart failure and stroke and also the risk of death from other causes.
- **85.** For treatment of hypertension, following drugs are specifically recommended for following special situations :
 - (1) Diabetes with hypertension Diuretics
 - (2) LV failure with hypertension -ACE inhibitors or ARB
 - (3) Coronary Artery Disease With Hypertension Betablocker
 - (4) Peripheral Artery Disease With Hypertension Calcium Channel Blocker
- **86.** In one of the following study ; aiming to reduce lipid levels, there was increase in noncardiac mortality :
 - (1) West of Scotland Coronary Prevention Study
 - (2) Helsinki Heart Study
 - (3) Air Force Coronary Atherosclerosis Prevention Study
 - (4) Texas Coronary Atherosclerosis Prevention Study
- 87. As per National cholesterol education program Adult Treatment Panel Guidelines III, coronary artery disease equivalents include following except :
 - (1) Diabetes

(2) Peripheral Artery Disease

(3) Transient Ischaemic Attack

(4) Ankle Brachial Index > 0.9

88. As per National Cholesterol Eduction Program - Adult Treatment Panel III guidelines, target level of LDL cholesterol in low risk category should be :

- (1) $\leq 190 \text{ mgm/dl}$
- $(2) \leq 160 \text{ mgm/dl}$
- $(3) \leq 130 \text{ mgm/dl}$
- $(4) \leq 100 \text{ mgm/dl}$

89. As per European Society of Cardiology and the European Atherosclerotic society guidelines for persons with total CV risk score level > 1 to < 5%, target - level of LDL-C should be:

- (1) < 95 mgm/dl
- (2) < 115 mgm/dl
- (3) < 135 mgm/dl
- (4) < 155 mgm/dl

90. Following statement are true except:

- (1) Patients with both type I and II diabetes mellitus have increased risk of coronary artery disease
- (2) In type II, diabetes , hypertension usually reflect the presence of diabetic nephropathy
- (3) The threshold for BP intervention in patients with diabetes is lower than in uncomplicated hypertension
- (4) Blood sugar level may rise acutely during acute myocardial infarction or ischaemic