# POST GRADUATE DIPLOMA IN CLINICAL CARDIOLOGY (PGDCC) 

Term-End Examination

December, 2013

## MCC-006 : PREVENTIVE CARDIOLOGY

Time: $\mathbf{2}$ 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.

1. The risk of Sudden Cardiac death in General Population age 35 years and older is :
(1) $0.001 \%$ per year
(2) $0.1-0.2 \%$ per year
(3) $25 \%$ per year
(4) $5 \%$ per year
2. Luminal Stenosis is said to occur when plaque burden exceeds :
(1) $50 \%$ of cross section area
(2) $40 \%$ cross section area
(3) $75 \%$ of cross section area
(4) $90 \%$ of cross section area
3. Recent drug used for Smoking Cessation:
(1) Nicotine chewing gum
(2) Bupropion
(3) Buscopan
(4) Low yield cigarettes
4. Each increase of HDL - C by $1 \mathrm{mg} / \mathrm{dl}$ is associated with $\qquad$ \% decrease on total cardiovascular disease.
(1) $1-2 \%$
(2) $2-3 \%$
(3) $3-4 \%$
(4) $4-5 \%$
5. Pharmacological reduction on diastolic BP by $5-6 \mathrm{~mm} \mathrm{Hg}$ reduces risk of CAD by :
(1) $46 \%$
(2) $20 \%$
(3) $25 \%$
(4) $14 \%$
6. Restenosis after balloon Angioplasty is due to :
(1) Positive remodelling
(2) Negative remodelling
(3) Intimal thickening
(4) None of the above
7. Obesity is defined as BMI :
(1) $>20$
(2) $>25$
(3) $>30$
(4) $>35$
8. In Health Professional follow up study, 30 mins of daily walking was associated with
$\qquad$ \% reduction in Coronary risk.
(1) $10 \%$
(2) $20 \%$
(3) $30 \%$
(4) $18 \%$
9. Amount of Alcohol which is Cardio protective :
(1) 30 ml
(2) 20 ml
(3) 50 ml
(4) 60 ml
10. Safe Lipid Lowering drug in Children is:
(1) Resin
(2) Statin
(3) Fibrates
(4) Niacin
11. Each 5 mmHg increase in diastolic BP, associated with $\qquad$ increase in stroke.
(1) $56 \%$
(2) $21 \%$
(3) $47 \%$
(4) $34 \%$
12. JNC VI, Optimal BP is :
(1) $130 / 80$
(2) $120 / 80$
(3) $140 / 90$
(4) $150 / 100$
13. False regarding Fish oil is :
(1) Antithrombic effects
(2) Anti Inflammatory
(3) Contraindicated in hyper triglyceridemia
(4) Decrease VLDL synthesis
14. In post Menopausal Women, exogenous estrogen results in all except :
(1) $\uparrow \mathrm{HDL}$
(2) $\uparrow$ LDL
(3) $\uparrow$ Apolipoprotein - a
(4) $\downarrow$ Apolipoprotein B 100
15. All the following are components of Metabolic Syndrome $X$ except:
(1) Hypertriglyceridemia
(2) High HDL Levels
(3) Hyper insulinemia
(4) Hypertension
16. The Most Common Cause of death in women is :
(1) CAD
(2) CVA
(3) Cancer
(4) COPD
17. Percentage of patients with CAD having SCD :
(1) $10-20 \%$
(2) $5-10 \%$
(3) $20-25 \%$
(4) $25-50 \%$
18. Cardio Protective agent present in Red wine is:
(1) Resveratrol
(2) Methyl Alcohol
(3) Ethyl Alcohol
(4) None
19. Origin of Lipoprotein is from :
(1) Intestine
(2) Liver
(3) Tissue
(4) All
20. The drug used in Helsinki Heart Study is :
(1) Gemfibrozil
(2) Pravastatin
(3) Lovastatin
(4) Simvastatin
21. CAD in women, equalling that in men by age :
(1) 55 years
(2) 65 years
(3) 75 years
(4) 85 years
22. Most of the dietary fat consists of :
(1) Cholesterol
(2) Triglycerides
(3) Chylomicrons
(4) Trone
23. Average Reduction of $B P \bar{C} 1 \mathrm{~kg}$ reduction in body weight :
(1) $1.3 / 1.0 \mathrm{mmHg}$
(2) $1.6 / 1.3 \mathrm{mmHg}$
(3) $10 / 5 \mathrm{mmHg}$
(4) $20 / 10 \mathrm{mmHg}$
24. Mechanism of action of statin is:
(1) Decrease Hepatic production of VLDL, LDL
(2) Interaction with $\operatorname{PPAR} \alpha$
(3) Decreased hepatic secretion of VLDL from Liver
(4) Interrupt the enterohepatic circulation of bile
25. 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 arrest lowered by OMEGA-3 fatty acids due to :
(1) Prevents Atherosclerosis
(2) Reductron in risk for abnormal cardiac electrical conductivity
(3) Decreases inflammsatory markers
(4) All
27. Patient with CAD, LDL goal is :
(1) $<70 \mathrm{mg} / \mathrm{dl}$
(2) $<100 \mathrm{mg} / \mathrm{dl}$
(3) $<130 \mathrm{mg} / \mathrm{dl}$
(4) $<160 \mathrm{mg} / \mathrm{dl}$
28. Common Causes of death in young athletes (age $<35$ years) is :
(1) Coronary anamolies
(2) HCM
(3) $\uparrow$ Cardiac mass
(4) Tunnelled LAD
29. Cigarette smoking has all the following effects 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 been shown to decrease both morbidity and mortality
30. Lipid lowering drug that has Antioxidant properties:
(1) Niacin
(2) Resin
(3) Probucol
(4) Statin
31. Step II diet $\%$ of calories from saturated fats :
(1) $30 \%$
(2) $10 \%$
(3) $<7 \%$
(4) $55 \%$
32. Following drug will cause dyslipidemia :
(1) Thiazide diuretic
(2) retinoic acid
(3) CCB
(4) Beta Blockers
33. Primary Prevention goal LDL, TG, HDL Levels :
(1) LDL $130 \mathrm{mg} / \mathrm{dl}$, HDL $31-40 \mathrm{mg} / \mathrm{dl}$, TG $151-250 \mathrm{mg} / \mathrm{dl}$
(2) $\mathrm{LDL}<130 \mathrm{mg} / \mathrm{dl}, \mathrm{HDL}>40 \mathrm{mg} / \mathrm{dl}$, TG $<150 \mathrm{mg} / \mathrm{dl}$
(3) LDL $161-190 \mathrm{mg} / \mathrm{dl}$, HDL $25<30 \mathrm{mg} / \mathrm{dl}$, TG $251-400 \mathrm{mg} / \mathrm{dl}$
(4) $\mathrm{LDL}>190 \mathrm{mg} / \mathrm{dl}, \mathrm{HDL}<25 \mathrm{mg} / \mathrm{dl}, \mathrm{TG}>400 \mathrm{mg} / \mathrm{dl}$
34. Palmar Striated Xanthomas are Pathognomonic of :
(1) Familial Hyper Chylomicronemia
(2) Type V Hyperlipidemia
(3) Type III Hyper lipoproteinemia
(4) Familial Hyper triglyceridemia
35. Highest prevalence of HTN in world is :
(1) Indians
(2) Hispamic Americans
(3) African Americans
(4) Whites
36. Drug that decrease FFA Mobilization from prephery is :
(1) Resin
(2) Statin
(3) Fibrates
(4) Niacin
37. Antihypertensive recommeded in Benign Prostatic Hyperplasia :
(1) ACE Inhibitor
(2) Diuretic
(3) $\alpha$ blockers
(4) $\beta$ blockers
38. Drug not Indicated for Hypertriglyceridemia :
(1) Resin
(2) Statin
(3) Fibrates
(4) Niacin
39. All the following are beneficial effects of ACE - I in CAD except :
(1) Reduction on LVH
(2) Reduction in Vascular Hypertrophy
(3) Reduction in plaque rupture
(4) No effect on coronary endothelial vasomotor functions
40. No increase in LDL - C following intake of :
(1) Myristic acid
(2) Lauric acid
(3) Oleic acid (4) Palmitic acid
41. Following drug will cause dyslipidemia :
(1) Thiazide diuretic
(2) Retinoic acid
(3) CCB
(4) Beta blockers
42. Lipoprotein $X$ formation is seen in :
(1) Liver disease
(2) Renal disease
(3) Drug induced
(4) Diabetes
43. Malignant Hypertension is defined as Diastolic BP.
(1) $>90 \mathrm{~mm} \mathrm{Hg}$
(2) $>100 \mathrm{~mm} \mathrm{Hg}$
(3) $>120 \mathrm{~mm} \mathrm{Hg}$
(4) $>115 \mathrm{~mm} \mathrm{Hg}$
44. Aspirin in Secondary Prevention reduces CVD events by :
(1) $25 \%$
(2) $18 \%$
(3) $22 \%$
(4) $27 \%$
45. According to JNC VI, stage I HTN is :
(1) $130-139 / 85-89$
(2) $<130 /<85$
(3) $140-159 / 90-99$
(4) $160-179 / 100-109$
46. Smokes who quit, reduces excess risk of coronary event within $1^{\text {st }}$ year is:
(1) $10 \%$
(2) $20 \%$
(3) $40 \%$
(4) $50 \%$
47. Walnuts are rich in :
(1) Linoleic acid
(2) Linolenic acid
(3) Eicosa Pentanoic acid
(4) Decosa hexanoic acid
48. One of the following is not a benefit of Low Carbohydrate diet ?
(1) Rapid rate of initial $w t$. loss
(2) HDL Increase
(3) Decreased Triglyceride Levels
(4) Decreased LDL Levels
49. As per Global Burden of Disease study reported in 2000, commonest cause of death in developed countries was:
(1) Ischaemic Heart-Disease
(2) Cerebrovascular Disease
(3) Respiratory Cancers
(4) Lower Respiratory Infections
50. As per Global Burden of Disease study reported is 2000, commonest cause of death in developing countries was:
(1) Ischemic Heart - Disease
(2) Cerebrovascular Disease
(3) Lower Respiratory Infections
(4) HIV/AIDS
51. As per study of Health Assessment and Risk in ethric groups (SHME) from Canada, highest prevalence of coronary artery disease was in the following group :
(1) South Asian Indians
(2) Europeans
(3) Chinese
(4) Japanese
52. As per 2000 statistics, the commonest cause of Disability Adjusted Life Years (DALYs) in India is because of :
(1) Perinatal Condition
(2) Lower Respiratory Track Infections
(3) Diarrhoeal Disease
(4) Ischaemic Heart Disease
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. Following statements are true except :
(1) Saturated fatty acids increase LDL cholestrol
(2) Monosaturated fatty acids lower LDL cholestrol
(3) Polyunsaturated fatty acids lower LDL cholestcool and increase HDL cholestrol
(4) Even in the absence of overt diabets, a raised blood sugar may cause endothelial damage
59. Following are the reasons which make atherosclerosis ideal for prevention except
(1) Common disease with high incidence
(2) Long disease latency
(3) Long Time between symptoms and disability
(4) Sudden death is a common presentation
60. As per 'INTER HEART' Study, nine risk factors, dyslipidemia, smoking, diabetes mellitus, hypertension, abdominal obesity, psychosocial stress, poor diet, physical inactivity and reduced alcohol consumption are responsible for following percentage of risk for a first myocardial infarction :
(1) 10-20 percent
(2) 30-40 percent
(3) 50-60 percent
(4) $>90$ percent
61. Efforts to prevent the development of coronary heart disease risk factors in a population is called :
(1) Primordial Prevention
(2) Primary Prevention
(3) Secondary Prevention
(4) Primary and a half Prevention
62. "Heart disease before eighty is our fault, not God's or Nature's will" who wrote the above?
(1) Dr. Paul Dudley white
(2) Dr. E Braunwald
(3) Dr. JW Hurst
(4) Dr. Geoffrey Rose
63. Framingham Heart study was started by National Heart Institute (now National Heart, Lung and Blood Institute (NHLBI) in the year :
(1) 1948
(2) 1958
(3) 1968
(4) 1978
64. Within six years after a heart attack, following statements are true except :
(1) 34 percent of men and 18 percent of women will have another heart attack
(2) 7 percent of men and 6 percent of women will experience sudden death
(3) 22 percent of men and 46 percent of women will be disabled by heart failure
(4) 8 percent of men and 11 percent fo women will have a stroke
65. Geoffrey Rose suggested following preventive strategy to reduce the disease burden in the community :
(1) Population Health Stratgey
(2) Individual Strategy
(3) Single Raised Risk Factor Strategy
(4) High Baseline Risk Strategy
66. Chemoprevention as a strategy is used in following type of prevention:
(1) Primordial
(2) Primary
(3) Secondary
(4) Both Primary and Secondary
67. In 'Seven Countries Study the pioneering work was done by following physician :
(1) Dr. Ancel Keys
(2) Dr. Pekka Puska
(3) Dr. Geoffrey Rose
(4) Dr. D Gorhoro
68. About three decades ago in which country 'anything green' was dismissed as "food for animals" :
(1) India
(2) Finland
(3) USA
(4) Australia
69. 'Nurses Health Study' was started in the following year :
(1) 1966
(2) 1976
(3) 1986
(4) 1996
70. The 'Healthy Aging Longitudinal Study' (HALE) in Europe showed following percentage of reduction for coronory Artery Disease with healthy diets and life style :
(1) 53 percent
(2) 63 percent
(3) 73 percent
(4) 83 percent
71. Effect of diet - Evaluations from the seven countries study showed a sixfold lower mortality rate in crete and Japan as compared to:
(1) Eastern Finland
(2) Eastern Mexico
(3) Eastern Germany
(4) USA
72. As a general statement, a 30 percent reduction in LDL cholesterol results in about following percentage of reduction of event rates:
(1) 10 percent
(2) 20 percent
(3) 30 percent
(4) 40 percent
73. Following studies showed the benefit of lipid Lowering Drug in secondary Prevention except :
(1) Scandinavian Simvastatin Survival study
(2) Cholesterol and Recurrent Events study
(3) Lipid Long term Intervention with Pravastatin in Ischaemic disease study
(4) West of scotland coronary prevention study
74. The Heart Outcomes Prevention Evaluation Study used one of the following drug in their study :
(1) Simvastatin
(2) Pravastatin
(3) Atrovastatin
(4) Ramipril
75. Following statements are true except :
(1) A ripe fruit has a higher glycaemic index that which is still green.
(2) Sugar infiber rich foods tends to be absorbed into the blood stream more slowly.
(3) 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 glycaemic index than coarse ground flour.
76. Following oils contain more polyunsaturated fats then monosaturated fats except :
(1) Sunflower
(2) Corn
(3) Soyabean
(4) Peanut
77. As per united states, Department of Agriculture following oils contain the least amount of saturated fat :
(1) Sunflower
(2) Rice bran
(3) Olive
(4) Canola
78. In the 'Nurses Health Study, replacing 80 calories of carbohydrates with 80 calories of either polyunsaturated or monosaturated fats lowered the rish for heart-disease by about :
(1) 10-20 percent
(2) 20-30 percent
(3) 30-40 percent
(4) 40-50 percent
79. Following statements are true except:
(1) Proteins provide the essential aminoacids
(2) Proteins from animal source are taken as 'complete' protein
(3) Proteins from plant source are taken as 'incomplete' protein
(4) Animal source proteins are good for heart
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
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 $115 / 75 \mathrm{~mm} \mathrm{Hg}$ 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 $115 / 75 \mathrm{~mm} \mathrm{Hg}$ to $185 / 115 \mathrm{mmHg}$
(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) $\leq 190 \mathrm{mgm} / \mathrm{dl}$
(2) $\leq 160 \mathrm{mgm} / \mathrm{dl}$
(3) $\leq 130 \mathrm{mgm} / \mathrm{dl}$
(4) $\leq 100 \mathrm{mgm} / \mathrm{dl}$
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) $<95 \mathrm{mgm} / \mathrm{dl}$
(2) $<115 \mathrm{mgm} / \mathrm{dl}$
(3) $<135 \mathrm{mgm} / \mathrm{dl}$
(4) $<155 \mathrm{mgm} / \mathrm{dl}$
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
