No. of Printed Pages: 12

MCC-006

POST GRADUATE DIPLOMA IN CLINICAL CARDIOLOGY (PGDCC)

00995

Term-End Examination

December, 2010

MCC-006: CARDIOVASCULAR EPIDEMIOLOGY

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 Sheet.
- (ii) All questions are compulsory.
- (iii) Each question will have four options and only one of them is correct. Answers have to 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.	45 years male hypertensive and diabetic, with triglycerides of 800 and negative Tread mill test. What are the possible secondary causes of hypertriglyceridemia? (1) Fatty diet, hypothyroidism, uncontrolled diabetes (2) Excessive raw food in diet (3) Smoking (4) Uncontrolled hypertension							
2.	pres	r old male with F sure of 140, smol ningham risk pred	ker, d	iabetic, ECG				
	(1)	10-19	(2)	20-29	(3)	50-59	(4)	60-69
3.	Whic (1) (2) (3) (4)	ch of the following 35 yr old male, H non diabetic. 41 yr old male, pressure 130. 46 yr old female pressure 135. 60 yr old male, pressure 160.	IDL ch HDL , HDI	cholesterol 75m; cholesterol 35	g/dl, tota 5mg/dl, 55mg/dl,	al cholesterol 1 total choleste total choleste	rol 150mg erol 165mg	g/dl, systolic g/dl, systolic
4.		ording to the INTI lictors of AMI ? Ethnicity, diabet Age, hypertensic Smoking, ApoB, Gender, psychos	es on Apo	A1 ratio	hich of	these conditio	ns would	be strongest
5.	165n 10-yı	r old male, non-di ng/dl, systolic pro r CHD risk :	essure	e 160 mm Hg	comes f	or a routine o	heck-up.	Estimate his
6.	(1) Which Fran (1) (2) (3) (4)	ch of these group ningham study? Total cholesterol Total cholesterol Total cholesterol Total cholesterol	< 175 < 180 < 185	5mg/dl, BP < 9mg/dl, BP < 5mg/dl, BP <	120/80, 120/80, 120/80,	smoker, non o non smoker, n	diabetic. non diabe non diabe	tic.
7.	non prote	rs obese male, w smoker with no s ocol:	ignifi	cant coronary	sympto	ms needs the	ensive, n following	on diabetic, g prevention
	(1)	primary	(2)	primordial	(3)	secondary	(4)	none
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	(2) (3)	Palm oil, fish a Cream, egg yel	-								
	(4)	Cheese, red wi			1111						
	(-)	Cheesey real	i.c uiio								
9.	A 60	yr old male, di	iabetic,	hypertensi	ve, ve	getari	an, no pa	st h/0 C	CHD,	which of	the
		wing dietary pla		•	~			•			
	(1)	Whole grain ce					sunflowe	er oil.			
	(2)	Legumes, fruit				ice					
	(3)	Fruits, peanuts									
	(4)	White rice, gro	undnu	it oil, cashe	ws an	d whi	te bread				
10.	A 60) yr old male, di	abetic.	hypertensi	ve. no	n vec	etarian n	o nast h	/0 <i>C</i> Ŧ	HD which	n of
		following food p						o past m	, 0 01	ID, Wide	
	(1)	Minced meat	(2)	Lobster		(3)			(4)	Lamb	
11.		ears male smoke			ve, no	n dial	etic com	es for co	unsel	ling what	are
		advantages of sm	~								
	(1)	At one year aft		_				•			
	(2)	At one year aft	_	~				•			
	(3)	At one year aft	•	•				•			
	(4)	At one year aft	ter quit	tting, risk o	f hear	t attac	k reduce:	s by 90%	•		
12.	43 v	ears male softwa	are enc	rineer obes	e hvr	erlini	demic w	hich of t	he fo	llowing is	an
		kely benefit of ex			c, nyp	cmpi	aciffic, w	rucii oi t	ric 10.	nowing is	ali
	(1)	Increased insul			(2)	Imp	roved coi	ntractile	funct	ion	
	(3)	Improved lipid	profile	e `	(4)	-	anced blo				
										•	
13.	The	physical exercise	-	-		•	•				
	(1)	four to six days				0-6 0 n	ninutes ir	cluding	warn	n up and o	cool
	4-5	down, includin		_	-						
	(2)	three days a we			20 mi	nutes	including	g warm ι	ıp an	d cool do	wn,
	(2)	including large		•		00					
	(3)	four to six day				90-m	inutes inc	cluding v	warm	up and o	cool
	(4)	down, including four to six days		. •	-	0 60 5	ainutaa in	ممناهياه		. المصم مشيد	1
	(*)	down, exercisir					initates in	iciuding	waiii	i up anu c	.001
14.	56 v	rs male had an	anter	ior wall M	II. wh	at are	the cha	inces of	his o	leath wit	hin
	-	year ?		 47						*****	
	(1)	5 %	(2)	10%		(3)	25%		(4)	50%	
					_						n == =
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Three dietary components which are strongly correlated with high cardiovascular

8.

mortality in Finland?

Butter, meat and margarine

15 .	The	risk factor for I	OALYs i	n India for	ischer	mic he	eart disease is	:		
	(1)	und e r weight			(2)	zinc	deficiency			
	(3)	iron deficienc	y		(4)	indo	oor smoke and	l solid fue	els	
16.	Wha	at is the earliest	age at v	which fatty	streak	ks are	developed ?			
	(1)	3 years	(2)	10 years		(3)	45 years	(4)	30 ye	ears
17.	Mos	st common cause	e of uns	stable angir	na :					
	(1)	fatty streak			(2)	stab	le plaque			
	(3)	unstable plaqı	ue		(4)	none	e of the above	:		
18.	Wha	at is the onset o	f CAD i	n Indians a	as com	pared	to western p	opulation	. ?	
	(1)	5-10 years ear	liest <mark>o</mark> ns	set of MI	(2)	10 y	ears later	•		
	(3)	20 years later			(4)	none	e of the above	?		
19.	Whi	ich of the follow	ing doe	s not deter	mine t	he gly	ycemic index (of food?		
	(1)	Fibre content			(2)	Salt	content			
	(3)	Ripeness,			(4)	Тур	e of starch			
20.		ording to AHA to be recommen	_	•	y p rev	entio	n recomme nd	ations all	of the	below
	(1)	Stop smoking			(2)	BP s	goal of <130/	80		
	(3)	HbA1c of <7	٠		(4)	BMI	of 27			
21.	Fish	contains one of	f the fol	lowing :						÷
	(1)	trans fat			(2)	satu	rated fats			
	(3)	omega three f	atty aci	ds	(4)	poly	unsaturated:	fatty acid	s	
22.		rs f e male, diabe 5, hyperlipidem		V 4		-			pain o,	e BMI
	(1)	Coronary ang		O	wilat	VV 111 D(t the advice:			
	(2)	CT coronary					•			
	(3)	Life style mod	•	n antilinen	nic dri	10°C 00	coenrin			
	(4)	EECP	inicatio.	n, ananpen	inc art	153, 00	юрии			
23.	-	years, fe <mark>mal</mark> e di liogram, what is		-	sodes	of an	gina with no	rmal ECC	G and	ECHO
	(1)	Drugs, advice		-	e mod	lificati	on followed b	y TMT.		
	(2)	Coronary ang		- /				•		
	(3)	Drugs followe	ed by ar	ngio						
	(4)	Life style mod	lificatio	n alone						

24.		ears female with anto oilitation will be advise		ИI, p	ost PT	'CA stent to	LAD, w	vhat type of	
	(1)	Primordial prevention	า	(2)	Prima	ry preventio	n		
	(3)	Secondary prevention	n	(4)	None	of above			
25.		ears obese female, on (ly history of CAD, wha Physical exercise avoi	at is primary	prev	ention	advice given		cy, is having	
	(2)	Ecosprin and statin.		. 0					
	(3)	Early coronary angio.			•				
	(4)	None of the above.							
26.	35 ye	ears male smoker and i	moderate hy	perlip	edime	a, what is the	e best ad	vice given ?	
	(1)	Avoid smoking		(2)	Statir	ıs			
	(3)	Ecosprin		(4)	Ecosp	orin and stati	n		
27.		products like followin					ids shoul	d be avoided	
	(1)	Whole milk, palm oil,	red meat, b	utter					
	(2)	Olive oil, almonds, pe	eanuts						
	(3)	Deep fried foods							
	(4)	Fish, cotton seed oil							
28.	Effec	ets of saturated fatty ac	ids on lipid	profil	es are	:			
	(1)	lower LDL and increa	ase HDL						
	(2)	lower LDL and HDL							
	(3)	raises LDL and reduc	es HDL						
	(4)	raises LDL no change	or decrease	s HD	L				
29.	Low	glycemic index foods	are all excep	t:					
	(1)	oats (2)	brown rice	•	(3)	legumes	(4)	white rice	
30.	Long	g term effects of life sty	le modificat	ion w	ere stu	died in follo	wing tria	ls except :	
	(1)	nurses health study		(2)		countries st	udy		
	(3)	HALE study		(4)	MRF	IT			
31.		ears male non hyperten . of 45, LDL 100, no ev						esterol of 189,	
	(1)	Life style modification	n	(2)	Aspi				
	(3)	80 mg of atorvastatin	l	(4)	145 n	ng of fenofib	rate		

32.	Which of the following are risk factors for coronary artery disease according to INTERHEART study?								
	(1)	ApoB/apoA1 r			(2)	Smoking			
	(3)	Hypertension			(4)	Hyperhomocyster	nemia		
33.	Cha	racteristics of sub	jects with	tendenc	y to s	tay free from CAD	are follo	wing excep	t:
	(1)	non smoker							
	(2)	BMI <25 kg/m ²	_		•				
	(3)	30 minutes of m		ctivity p	er da	y			
	(4)	LDL cholesterol	of 150						
34.		following are the			besit	y except :			
	(1)	increased waist							
	(2)	elevated triglyco				g/dl)			
	(3)	elevated blood)				
	(4)	elevated HDL (>50mg/dl	.)					
35.	Guio	delines for second							
	(1)	complete and p		stopping	smo	king			
	(2)	aspirin 75mg/d	-						
	(3)	beta blockers ar				MI patient			
	(4)	maintain Blood	pressure	above 15	0/90				
36.	Med exce	ication for treatm pt:	ent of obe	esity shou	ald be	given to patients	with follo	owing criter	ia
	(1)	BMI of 27kg/m ²	or higher	with obe	esity r	elated medical con	ditions li	ke HTN, DN	Л,
	(2)	hyperlipedimea, BMI of 30kg/m ²		nea or ar	thritis	3			
	(3)	none of the above							
	(4)	both (1) and (2)	VE						
	(-)	00th (1) and (2)							
37.		nition of impaired	l fasting g	ducose a	ccord	ing to WHO criteri	a :		
	(1)	fasting glucose							
	(2)	fasting glucose <	<7 mmol/	L but tw	o hou	r value >7 and <1	1 mmol/	L	
	(3)	>6.1mmol/L bu		nol/L					
	(4)	none of the above	⁄e						
38.	Acco	rding to ATP 111	risk categ	orization	ı high	risk cad or cad equ	uivalent t	arget level o	of
	LDL	[in mg/dl] is						Ū	
	(1)	160	(2) 190)		(3) 70	(4)	100	
39.	Typi	cal coronary risk	factors for	r women	are f	ollowing except :			
	(1)	DM .				Age			
	(3)	Hormonal chang	ge			Hypertension			
					· •	•			

40.	dru	ob years temale ng of choice is :	post me	enopausal,	histor	y of CAD. A	Along with	antia:	nginal drugs,
	(1)	•	(2)	statin	(3)	none of th	e above	(4)	both
41.	55	yrs male non	hyperte	nsive, dia	betic	and known	case of C	AD 1	Which is the
	unc	conventional ris	k factor	you will lo	ook for	?			· · · · · · · · · · · · · · · · · · ·
	(1)	Fasting lipid	profile		(2)	Fasting blo	ood sugar		
•	(3)	proBNP			(4)	High Lp (a	1)	•	
42.	All	of the following	g are crit	eria for de	finitio	n of metabol	ic syndron	ne exce	ept:
	(1)	elevated trigl	ycerides	on treatm	ent				•
	(2)	reduced HDI	_						
	(3)	raised BP							
	(4)	normal blood	sugar						
43 .	Wh	ich of these is n	ot a non	Modifiab	le risk	factor for CA	AD?	_	
	(1)	Age			(2)	Gender		•	
	(3)	Hereditary			(4)	Metabolic :	syndrome		
44.	The	major differenc	e in epic	lemiology	of cad	l from west t	o Indians :	are all	excent ·
	(1)	higher mortal	lity	0,	(2)	older age o	of onset in	Indian	s
	(3)	4-times highe	r than C	hinese	(4)	tVD is com			
45 .	Imp	lantation of an	ICD devi	ce after M	I with	severe LV dv	sfunction	and no	avidence of
	ven	tricular tachyca	rdia c <mark>o</mark> m	es under	which	category of	prevention	una ne	evidence of
	(1)	Primary	(2)	Secondar			ordial	(4)	Tertiary
46.	Abs	ence of sedenta	rv habits	in people	livino	in a village	roculte in v	oduco	d provolence
	of c	oronary artery o	lisease. T	This is an e	examp	le of which t	vpe of pre	ventio	n ?
	(1)	Primary preve	ention		(2)	Primordial			
	(3)	Secondary pro			(4)	Any of the	-	••	
1 7.	Whi	ch of the follow	ing food	products	has lo	w olycemic i	ndev 2		
	(1)	Potatoes	8	r	(2)	Soft drinks	nacx;		
	(3)	Oats			(4)	White rice	•		
18.	Whi	ch of the follow	ing incre	aser HDI	2				
	(1)	Mono unsatur			_	Dolerumantu			
	(3)	Trans fats	acu iat	,	(2)	Polyunsatu			
	(~)	TIMIN 1003			(4)	Saturated fa	atS	•	e e e
9.		ficial effects of					٠		
	(1)	reduction in b			(2)	reduction ir	risk of de	velopi	ng diabetes
	(3)	reduces LDL/	HDL rat	io .	(4)	all of the ab		-	_

50.	In choosing an anti-hypertensive agent for a particular patient, which of the following relations is wrong?									
	(1)	Diabetes E	nalap	ril						
	(2)	Peripheral vascul			Meta	prolol				
	(3)	Heart Failure								
	(4)	Coronary artery		=	enelol					
	` .	•								
51 .	A 40 is 39.	yr old gentleman o He should be gra	came ded i	for a yearly n which of	medi the fo	cal che llowin	eck up. His Bo ng categories ?	dy Mass	Index (BMI)	
	(1)	Overweight			(2)	Mode	erately obese			
	(3)	Normal			(4)	Morb	oid obesity			
									1. 1	
52.	Whi	ch of the following		ought to be				of Metabo	olic syndrom	e
	(1)	Insulin resistance			(2)		eating	1		
	(3)	Myocardial infar	ction		(4)	Chro	mosome abno	rmality		
						امدمدما	halia ayındram	o is falso	2	
53.		ch of the following			irunig	metai	bone syndrom	e is taise	•	
	(1)	It is also called sy			so n t					
	(2)	Smoking is an in It increases risk of				CO				
	(3)	Central obesity is				.5C				
	(4)	Cellifal obesity is	5 C55C	illiany pies	CIL					
54.	Whi	ch of the following	coror	narv risk fac	ctors is	more	prevalent in so	outh Asia	ns compared	
0 2 4		aucasians ?		,			•			
	(1)	Total cholesterol			(2)	Smo	king			
	(3)	Truncal obesity			(4)	High	n Body mass ir	ndex.		
		·					1 1		بيط لمصيدتان	
55.		per WHO recomm	ienda	tions what	perce	nt or	total calories	can be co	instituted by	
	fats	.	(2)	30-50%		(3)	<10%	(4)	50-70%	
	(1)	~30 /6	(2)	30 30 70		(0)	2070	(-)		
56.	60 x	ears old lady is a	dmitte	ed with a c ı	ate an	terior	wall Infarction	n. She is	dia <mark>betic, non</mark>	
	hyp	ertensive and has	mode	rate LV Dy	sfunct	ion. S	he has no hist	ory of ast	hma and ha s	}
	no e	evidenc <mark>e</mark> of periph	eral v	zascular dis	sease.	Which	of the follow	ing medi	ications mu s t	
	•	orescribed for her	?		(2)	4 CT	7 7 1 11 1.			
	(1)	Beta blockers			(2)		E Inhibitors			
	(3)	An tiplatel et s			(4)	All t	t he above			
EFF	¥ <i>A7</i> 1_	ich of the oils has	hiah	concentrati	one of	fnolv	unsaturated fa	ts ?		
57.		Peanut oil	ugu	COLICELITIAN	(2)		n oil			
	(1)	Olive oil			(4)		n on ne of the above	.		
	(3)	Oliveon			(=)	1 101	c of the above	•		

58	58. Increased fiber content of foods:	
	(1) increases glycemic index	
	(2) decreases glycemic index	
	(3) has no relation to glycemic index	
	(4) has variable relation to glycemic index	
59.	9. A 50 vr old gentleman was admitted with A see 2 Ac-	11.11.6
	9. A 50 yr old gentleman was admitted with Acute Myo primary angioplasty. His LDL was found to be 130mg is an example of which proventive attraction.	Ocardial infarction and underwent
	is an example of which preventive strategy?	5%. I rescription of statins for him
	(1) P.:	dial prevention
	(2) C- 1	of the above
60.	factor for Coronary artery disease?	e following is considered as a risk
	(1) Homocysteine (2) Album	in
	(3) Amylase (4) Plasmi	n .
61.	1. Fatty streaks are seen at which age group?	
	(1) >70 ****** (0) FO FO	3 years (4) 30-40 years
62.	depression in leads II, III and AVF. Which is the most arteries? (1) Fatty streak (2) Plaque	likely pathology in his coronary
	(3) Soft plaque (4) Hard pl	laque
63.	All the following statements regarding tobacco and cotrue except:	oronary artery disease (CAD) are
	(1) chewing or inhaling tobacco confers less risk for	r CAD than smoking
	(2) non smokers exposed to cigarette smoke have in	ocreased risk for CAD
	. (3) stopping smoking causes decrease in cardiovasc	ular morbidity and mortalise
	(4) smoking causes increase in blood pressure.	morotanty und mortanty.
64.	. Increased levels of which of the following reduce risk	of heart attacks
		iglycerides (4) HDL
55.	A middle aged man is found to have serum triglycerid and total cholesterol of 23 mg%. Which of the follow lipid profile?	es of 200 mg%, LDL of 100 mg% ring conditions can explain this
	(1) Alcohol intake (2) Diabetes	•
	(3) Hypothyroidism (4) All of the	
	() = 111	

66.	BP= is - To Whic	170/100, and Pulse rate cholesterol = 25 m	ate 92/min. H 16%. LDL=160	er tasti) mg%.	outine evaluation. She is obese, has a ing blood sugar is 128 mg%, Lipid profile, HDL=30 mg%, Triglycerides=250 mg%. quired to make a diagnosis of metabolic	
	•	LDL = 160 mg%		(2)	HDL = 30 mg%	
	(1) (3)	Triglycerides = 250	mg%	(4)	Blood pressure = 170/100 mm Hg	
67.	True	statement regarding	Lipoprotein ((a) is :		
	(1)	it is largely influence	ed by diet			
	(2)	it is less atherogenic				
	(3)	higher levels are re		ature (CAD	
	(4)	levels are higher in				
68.	Whic	ch cut off age is cons	idered to defi	ne Coi	ronary artery Disease in the young?	
	(1)	<50 years (2) <30 years		(3) <40 years (4) <20 years	
69.	In w	hich of the following	the prevalen	ce of (CAD is highest?	
09.	(1)	Resident Indians	, <u>,</u>	(2)	Immigrant Indians	
	(3)	Native Caucasians		(4)	Rural North Indians	
	(5)	THATTY CALCUSTATIO		\		
70.	Whi	ch of the statements	is false with r	egard	to excess alcohol intake is false?	
	(1)	It protects from CA		(2)	Increases sudden death	
	(3)	Increases stroke		(4)	Increases incidence of hypertension	
					TCC shares CT alexadian	
<i>7</i> 1.	40 y	r old patient present	s with severe	retrost	ternal chest pain. ECG shows ST elevation	
	in L	eads VI to V6. The E	K staff is prep	paring he give	to administer him thrombolysis. Which of en to relieve his chest pain?.	
			is should not	(2)		
	(1)	Nitroglycerine		(2) (4)	All of these can be given.	
	(3)	NSAID		(4)	An of these can be given.	
72.	no s risk	ymptoms pertaining he is of having core	; to cardiovaso mary artery d	cular d isease	tpatient for a routine examination. He has lisease but would like to know how much (CAD). He has been smoking 2 cigarettes	
	ratio	the last 15 years, ha o (TC/HDL) of 5.0. F owing do not accour	Iis father died	of a h	of 130/100, and a Total cholesterol/HDL leart attack at 75 years of age. Which of the of CAD?	
	(1)	His family history		(2)		
	(3)	TC/HDL ratio		(4)	All of the above account for increased risk	
73.	Αr	atient with type II D	iabetes Mellit	us is a	t increased risk of developing :	
	(1)			(2)		
		Peripheral vascula		(4)	All the above	
	(5)	. o tomeronisti	-	` '		

74.	HB	10 year old executed blesterol is 150 A1C is 5.5%. Vease?	mg% an	ia hul is 4	lb mg'	% His	s fasting bloc	id snoar i	c 82 mag/ .	
	(1)	<10%	(2)	<20%		(3)	<30%	(4)	<5%	
75.	Wh	ich of the follo	wing are	e lea s t desir	able a	mong	fats in food i	items ?	•	
	(1)	Saturated fa	ts		(2)		ns fats	,		
	(3)	Monounsatu	rated fa	ats	(4)	Poly	v unsaturated	d fats		
76.	Tru	e statements re	garding	animal pro	teins a	are all	the followin	g except :		
	(1)	animal prote						-		
	(2)	animal prote coronary arte	ins are l ry disea	ess healthy ase is conce	than rned	plant	proteins as f	ar as its c	ontribution	to
	(3)	they increase	homocy	steine level	ls in th	ne bloo	od			
	(4)	they lack ma	ny esser	itial amino	acids					
77.	Nice	otinic acid can								
	(1)	reduce serum	triglyce	eride levels	(2)	incre	ease serum H	IDL levels		
	(3)	both the abov	re		(4)	none	of the above	e		
78.	Wha	it is the optima	l LDL cl	nolesterol le	vels a	s per /	ATP III omide	olines 2		
	(1)	<100 mg%	(2)	<130 mg%	6	(3)	<160 mg%	(4)	<70 mg%)
79.	Orli	stat and sibutra	mine be	long to wh	ich er	ou n of	f drugs ?			
	(1)	Statins		0	(2)		obesity drug	2		
	(3)	Nitrates			(4)		generation			
80.	Obe	sity related med	lical dis	orders inclu	ıde :					
	(1)	Sleep apnea			(2)	Oste	oarthritis			
	(3)	Hypertension			(4)	All tl	ne above			
81.	For p	patients with chet INR ?	ronic at	rial fibrillat	ion w	no a re	on oral antic	coagulatio	n what is tl	ne
	(1)	1.0-1.5	(2)	1.5-2.0		(3)	2.0-3.0	(4)	3.0-4.0	
82.	Whic	h of the follow	ing pati	ents is at hi	ghest	risk o	f sudden car	diac death	. 2	
	(1)	42 yrs old wit	h dilate	d cardiomy	opathy	z and	LV Ejection	fraction of	 f 30%	
	(2)	ob yrs old wit	n nyper	tension and	a noi	rmal e	chocardiogra	m	. 5070	
	(3)	55 yrs old with	n Diabet	es of 15 yrs	dura	tion				
	(4)									

83.	Risk (of sudden death is increased in w	hich o	f the following conditions ?
	(1)	Severe LV dysfunction	(2)	Old Myocardial infarction
	(3)	Congenital long QT syndrome	(4)	All the above
84.	In wł	hich of the following patients sho	uld on	e hesitate to use ACE Inhibitors?
	(1)	A patient with myocardial infar		
	(2)	A patient with diabetes and a bl		essure of 150/100 mmHg
	(3)	A patient with serum creatinine		
	(4)	A patient with heart failure		
85.	Whic	ch of the following are non modif	iable c	oronary risk factors ?
05.	(1)	Smoking	(2)	Mental stress
	(3)	Heredity	(4)	Physical inactivity
_	_		aki a	which of the following medications is not
86.	In a j an ir	patient with acute myocardial info ndicated pre discharge medication	arction 1.?	which of the following medications is not
	(1)	Aspirin	(2)	Warfarin
	(3)	Clopidogrel	(4)	Beta blocker
87.	Ohes	sity is related to which clinical co	nditior	ns ?
07.	(1)	Insulin resistance	(2)	Metabolic syndrome
	(3)	Diabetes	(4)	All the above
	` '			
88.		lition of Iodine supplements to co egy ?	mmerc	rial salt is an example of which prevention
	(1)	Single risk individual strategy	(2)	Population strategy
	(3)	High risk individual strategy	(4)	All of the above
89.	Clyd	cemic index of a food item is relat	ted to v	which of the following?
0).	(1)	Fiber content (2) Type of	starch	(3) Ripeness (4) All the above
	(1)	Tibel content (2) Type of		(-)
90.		patient with heart failure which o tinely ?	f the fo	ollowing medications should not prescribed
	(1)	Amiodarone	(2)	Beta blockers
	(3)	ACE Inhibitors	(4)	All of the above are prescribed