

**POST GRADUATE DIPLOMA IN CLINICAL
CARDIOLOGY (PGDCC)**

Term-End Examination

00231

June, 2011

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 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. Coronary artery disease, although a global pandemic has a higher prevalence in South Asians. All of the following are true regarding coronary artery disease in South Asians except :
 - (1) CAD tends to be more aggressive and manifests at a younger age.
 - (2) The incidence of severe single vessel disease is very high.
 - (3) There is a definite urban-rural difference in disease prevalence with higher prevalence in urban population.
 - (4) In India, there is likelihood of a north-south divide with prevalence is higher in the South than in the north of the country.

2. All of the following are true regarding family history of coronary artery disease except :
 - (1) It may be related to aggregation of major risk factors like hypertension and diabetes.
 - (2) Family history of CAD in men at an age < 55 yrs. increases the risk of CAD.
 - (3) Parental premature cardiovascular disease is a more useful marker of familial vulnerability as compared to sibling cardiovascular disease.
 - (4) It is considered a non-modifiable risk factor for CAD.

3. Diabetes mellitus is a strong and independent risk factor for the development of coronary artery disease. True statements regarding CAD in patients with Diabetes Mellitus are all except:
 - (1) Both types of diabetes mellitus are associated with a markedly increased risk of CAD.
 - (2) In diabetic patients the overall mortality from heart disease is 4 to 5 times higher in men and is twice as great in women.
 - (3) Accelerated atherosclerosis and thrombosis play an important role.
 - (4) Non-CV mortality is greater in diabetic compared with non-diabetic subjects.

4. True statement regarding International Diabetes Federation (IDF) definition of metabolic syndrome is :
 - (1) It is better suited to developed countries rather than developing countries.
 - (2) Elevated LDL cholesterol is included in the criteria laid down for diagnosis.
 - (3) Central obesity is the core feature.
 - (4) Impaired glucose tolerance is included in the criteria laid down for diagnosis.

5. All are true regarding metabolic syndrome except :
 - (1) Endothelial inflammation is now regarded as a major component.
 - (2) This term refers to the clustering of multiple risk factors for cardiovascular disease.
 - (3) It represents a pro-inflammatory state.
 - (4) Metabolic syndrome is the main cause of increasing number of CVD in west, as compared to developing countries.

6. All are true regarding obesity except :
- (1) Obese men have a waist-hip ratio equal to or less than 0.95, whereas in women it should not be more than 0.80.
 - (2) Obesity is independently associated with left ventricular hypertrophy.
 - (3) Waist hip ratio is superior to BMI in predicting risk of myocardial infarction.
 - (4) Central obesity is more strongly associated with risk of vascular disease.
7. Conventional risk factors help to identify only 60-65% of those at risk of cardiovascular events, and this has led to identification of newer risk factors. These newer risk factors include all except :
- (1) Oxidative stress
 - (2) Hyperhomocysteinemia
 - (3) Increased fibrinogen
 - (4) Mental stress
8. True regarding left ventricular hypertrophy are all except :
- (1) It develops because of chronic pressure or volume overload.
 - (2) It can regress with effective blood pressure control and non pharmacological intervention.
 - (3) There is conclusive data that reduction of left ventricular mass can improve cardiovascular outcome independent of the decrease in BP.
 - (4) LVH is not an independent risk factor for cardiovascular disease.
9. Which of the following is true regarding Lipoprotein(a) ?
- (1) It is the atherogenic sub fraction of VLDL.
 - (2) The inherited serum level of lipoprotein(a) are influenced by smoking.
 - (3) It is believed to be a biological marker for familial CAD.
 - (4) Decrease in lipoprotein (a) levels is associated with decrease in incidence of CVD.
10. True regarding CAD in Indians are all except :
- (1) New borns with low birth weight have an enhanced susceptibility to CAD in adult life.
 - (2) There is confluence of both conventional and non conventional risk factors in Indians.
 - (3) Demographic transition is playing an important role.
 - (4) Elevated plasma homocysteine levels are independently associated with CAD.
11. True regarding hypertension as a risk factor for CAD are all except :
- (1) Systolic BP is a more powerful risk factor compared to diastolic BP.
 - (2) Reduction of blood pressure reduces risk of CAD and heart failure.
 - (3) Hypertension causes endothelial damage.
 - (4) A goal BP of $\leq 130/85$ is appropriate for primary and secondary prevention.

12. True regarding dyslipidemia is :
- (1) The association between LDL cholesterol and risk of vascular events is not a graded response.
 - (2) The VA-HIT trial gave evidence that increase in HDL-Cholesterol in CAD patients is followed by a significant decrease in major coronary events.
 - (3) A total cholesterol/HDL cholesterol ratio more than 2.5 is associated with high risk of CAD.
 - (4) The association between LDL cholesterol levels and vascular events does not hold true in women.
13. True regarding smoking is all except :
- (1) Smoking causes endothelial injury.
 - (2) Smoking decreases oxygen level in blood.
 - (3) Smoking decreases heart rate.
 - (4) Smoking increases platelet aggregation and promotes blood clotting.
14. Regarding smoking and CAD, which is incorrect ?
- (1) Smoking is the single most important preventable risk factor for CAD.
 - (2) Smoking causes coronary spasm.
 - (3) Nicotine is a potent agonist of the parasympathetic nervous system.
 - (4) The benefits of smoking cessation are seen regardless of how long and how much the patient previously smoked.
15. The first step of lipid management according to ATP III guidelines is :
- (1) Determine fasting lipoprotein levels.
 - (2) Identify the presence of clinical atherosclerosis.
 - (3) Calculate the global risk score.
 - (4) Determine the patient's CAD risk category.
16. The World Health Organization dietary recommendations include all except :
- (1) Total carbohydrates should contribute 55-75% of the energy.
 - (2) Salt consumption should be less than 2 gm/day.
 - (3) Fruit consumption should be around 400 gm/day.
 - (4) Total dietary fiber intake should be 27-40 gm/day.

17. Which is true regarding polyunsaturated fats ?
- (1) Polyunsaturated fats lower both LDL and HDL.
 - (2) Their main source is olive oil and canola oil.
 - (3) They lower LDL but raise HDL.
 - (4) They are in a liquid state at room temperature.
18. True regarding fish oils is all except :
- (1) They lower plasma triglyceride levels.
 - (2) They have antithrombotic properties.
 - (3) They are used in cases of severe hypertriglyceridemia refractory to conventional therapy.
 - (4) They are rich in monounsaturated fatty acids.
19. Framingham risk score is truly characterized by all of the following statements except :
- (1) It is useful tool to assess the risk of cardiovascular event in patients both without pre-existing cardiac disease and in those with coronary artery disease.
 - (2) It includes six variables to predict the 10 and 20 year risk of CAD.
 - (3) It provides the absolute risk of coronary artery disease.
 - (4) It is widely used for risk assessment.
20. AHA guidelines for the secondary prevention of coronary heart disease include all except :
- (1) Complete and permanent cessation of smoking.
 - (2) Blood pressure goal less than 140/90 mm of Hg in diabetics.
 - (3) BMI of 18.5 - 24.9 kg/m².
 - (4) Indefinite use of ACE inhibitors in all post MI patients.
21. Coronary artery disease equivalents are all except :
- (1) Transient ischemic attacks
 - (2) Peripheral arterial disease
 - (3) Diabetes Mellitus
 - (4) Hypertension
22. True regarding CAD in diabetics is :
- (1) Only patients with Type II Diabetes Mellitus have increased risk of CAD.
 - (2) Risk of CAD is not closely related with glycaemic control.
 - (3) Level of fasting blood glucose may decrease during acute myocardial ischemia or infarction.
 - (4) 25% of patients with diabetes die from macro vascular disease.

23. Regarding stress and CAD, true is
- (1) The effect of stress is mediated through parasympathetic nervous system.
 - (2) Stress hormones like adrenaline and non adrenaline play an important role.
 - (3) Persons with type B personality are at high risk of developing coronary artery disease.
 - (4) Stress induced CAD is independent of endothelial function.
24. Atherosclerosis which gives rise to coronary artery disease marches in stages. The earliest recognizable pathologic lesions in atherosclerosis are :
- (1) Fatty streaks
 - (2) Fibrous plaque
 - (3) Atheroma
 - (4) Complicated plaque
25. True regarding alcohol consumption is all except :
- (1) Moderate alcohol intake has been thought to have a protective effect on CAD.
 - (2) Alcohol reduces the serum LDL cholesterol level.
 - (3) Excess alcohol consumption is associated with an increased incidence of hemorrhagic stroke and hypertension.
 - (4) Excess alcohol consumption is an established cause of morbidity and mortality.
26. The risk factors which are more in South Asians as compared to Caucasians are all except :
- (1) Truncal obesity
 - (2) Elevated small B lipoprotein
 - (3) Low HDL cholesterol
 - (4) Raised body mass Index
27. Framingham risk score includes all except :
- (1) Total or LDL cholesterol
 - (2) History of diabetes
 - (3) Metabolic syndrome
 - (4) Gender
28. The risk factors for which interventions have been proved to lower the risk of cardiovascular disease include all except :
- (1) Cigarette smoking
 - (2) Hypertension
 - (3) Diabetes mellitus
 - (4) Left ventricular Hypertrophy
29. Primary prevention is best characterized by which of the following statements :
- (1) It aims at not allowing major risk factors to take root in an otherwise healthy community.
 - (2) It controls, reverses and treats the risk factors that are already present in individual/ community.
 - (3) It is very effective in preventing recurrence of cardiac events.
 - (4) It does not halt the process of atherosclerosis.

30. True statements regarding carbohydrates are all except :
- (1) They are a necessary part of a healthy diet
 - (2) Many foods rich in whole grain carbohydrates are also good sources of essential vitamins and minerals.
 - (3) Intake of simple carbohydrates should be encouraged as compared to complex carbohydrates.
 - (4) Carbohydrates are classified according to glycaemic index.
31. High glycaemic index foods include all except :
- (1) White bread
 - (2) Refined breakfast cereals
 - (3) Oats
 - (4) White spaghetti
32. Physical inactivity is considered a modifiable lifestyle risk factor for Coronary artery disease. All of the following statements regarding physical inactivity are true except :
- (1) It causes an increase in cardiac reserve.
 - (2) It causes a decrease in insulin sensitivity.
 - (3) A rise in blood pressure may be seen with physical inactivity.
 - (4) It is an independent and statistically significant risk factor for CAD as per the US Railroad study.
33. Lifestyle modifications for the prevention of Coronary Artery Disease include all except :
- (1) Change in diet
 - (2) Institution of appropriate antihypertensive medications
 - (3) Stoppage of smoking and tobacco
 - (4) Behavioural change for stress management
34. True regarding West of Scotland Coronary Prevention Study(WOSCOPS) are all except :
- (1) It was a primary prevention trial of lipid lowering therapy.
 - (2) It enrolled both men and women with high risk of coronary disease.
 - (3) Enrolled subjects had elevated cholesterol and other risk factors for coronary artery disease.
 - (4) Lipid lowering therapy resulted in decline in total mortality.

35. Health education and motivational campaign for the prevention of smoking habits and other tobacco use is -
- (1) Primordial prevention
 - (2) Primary prevention
 - (3) Secondary prevention
 - (4) Both primordial and primary prevention
36. True regarding physical exercise prescription are all except :
- (1) The frequency of exercise should be about 4-6 days in a week.
 - (2) 30-60 minutes of exercise excluding warm up and cool down.
 - (3) The aim is to reach a target heart rate of 50-80% of maximum heart rate.
 - (4) The rate of perceived exertion (RPE) should be 8 to 10 (in a scale of 6 to 20).
37. Secondary prevention trials evaluating the benefit of cholesterol lowering are all except :
- (1) 4S trial
 - (2) LIPID trial
 - (3) CARE trial
 - (4) AF CAPS/Tex CAPS trial
38. True statements regarding primary prevention are all except :
- (1) It is concerned with controlling, reversing and treating the risk factors that are already present in the individual.
 - (2) The subjects undergoing primary prevention are those who are either asymptomatic or those in whom no damage has resulted from atherosclerosis.
 - (3) Although primary prevention halts the process of atherosclerosis, it is not effective in reversing atherosclerosis.
 - (4) It results in a decline in the prevalence of the disease in the community.
39. South Asian also called as "Asian Indian" are people belonging to following nations of the Indian sub continent except :
- | | |
|---------------|-------------|
| (1) Pakistan | (2) Myanmar |
| (3) Sri Lanka | (4) Nepal |
40. Following are the top four leading causes of Global death in GBD expand 2000 study in developing countries except :
- | | |
|----------------------------|--------------|
| (1) CAD | (2) CVA |
| (3) Road Traffic Accidents | (4) HIV/AIDS |

41. Following statements about prevalence of CAD and Coronary Risk factors in South Asian are true except :
- (1) 6 times higher than Chinese
 - (2) 4 times higher than Asian American
 - (3) Same as that of Japanese
 - (4) 3 times higher than the native population in Singapore, Uganda, Fiji and South Africa.
42. Following are the Cardinal features of Epidemiology of CAD in South Asian except .
- (1) Severe diffuse Extensive disease
 - (2) Pre maturity
 - (3) Lesser prevalence
 - (4) Higher Mortality
43. Following are the periods of the development of CAD except :
- (1) Preclinical and Latent period
 - (2) Clinical period
 - (3) Incubation period
 - (4) Fatty streak period
44. In which stage of atherosclerosis, complication like Plaque fissure rupture, Plaque thrombus and ACS occur ?
- (1) Fibrous Plaque
 - (2) Calcified Plaque
 - (3) Fatty streak
 - (4) Soft lipid laden atheroma
45. Risk factors of CAD are conventionally classified as follows except :
- (1) Causal factors directly responsible for the promoting Atherosclerosis
 - (2) Conditional factors - contributing but not causal risk
 - (3) Modifiable and Un Modifiable factors
 - (4) Pre disposing factors - intensifying the causal factor and affects conditional factor
46. Following are the true about the predisposing risk factors of CAD except :
- (1) influence CAD by intensifying action of major causal factors
 - (2) influence CAD by affecting conditional factor
 - (3) Age, Sex, Ethnicity are predisposable risk factors
 - (4) Preventable by life style modification

47. Risk factors for Atherosclerosis and CAD among South Asian are all except :
- (1) Physical Inactivity
 - (2) Abdominal Obesity
 - (3) Impure Diet
 - (4) Anxiety
48. Premature atherosclerotic vascular disease according to family History of CAD means all except :
- (1) CAD in father/brother < 55 years of age
 - (2) CAD in 1st degree female relative < 55 years
 - (3) CAD in Mother and Sister < 65 years
 - (4) CAD in 1st degree male relative < 55 years of age.
49. Cigarette smoking is a known CAD risk factor. It causes endothelial injury increase HR and BP, decrease Oxygen level in the blood. It increases CAD incidence, Mortality and Morbidity by all Mechanisms except :
- (1) ↑ Platelet aggregation and blood clotting
 - (2) ↑ Coronary spasm
 - (3) ↓ HDL Cholesterol
 - (4) ↑ Para sympathetic activity
50. All of the following statements about Alcohol consumption are correct except :
- (1) Binge drinking precipitates AF
 - (2) Associated with dilated CMP
 - (3) Moderate alcohol consumption protects CAD by elevating HDL Cholesterol.
 - (4) Excess alcohol consumption is associated with decreased risk of cardio vascular disease.
51. 52 years old with Hypertensive, Diabetic patient on regular medication got following fasting lipid profile TC=210; HDLc=52, LDLc=160; TG=250. Which of the statement is not correct ?
- (1) LDL-C needs drug therapy.
 - (2) Drug of choice is statin.
 - (3) High TG to be controlled first.
 - (4) Anti Lipid drugs to be used irrespective of CAD Status.

52. Modified definition of the metabolic syndrome for South Asian is as follows except :
- (1) Central Obesity waist circumference Male >90 cms, Female >82 cms
 - (2) Reduce HDL-C (<40 mg/dl)
 - (3) High BP >130/85 mmHg
 - (4) High LDL-C (>160 mg/dl)
53. Newer and Emerging Coronary risk factor for CAD is LVH. Which of the following is not true about LVH ?
- (1) LV measures >131g/m² of BSA in male
 - (2) LV measures > 100g/m² of BSA in female
 - (3) Independently associates with increased CVD, stroke and all causes of mortality
 - (4) Reduction in LVH is independently associated with the decreased CVD irrespective of BP control
54. Peripheral Arterial Disease is associated with all the following except :
- (1) Elevated Total HC level (>150 mol/l)
 - (2) Smoking
 - (3) NIDDM
 - (4) Excess lipoprotein (a)
55. Following risk factors are more causative in South Asians except
- (1) Hyper insulinemia and Insulin resistance
 - (2) ↑LP(a)
 - (3) ↑PAI-I activity
 - (4) BMI
56. Insulin resistance is a metabolic disorder associated with the resistance of various tissue to normal level of plain insulin. Metabolic abnormality that are seen as a consequence of insulin resistance are all except :
- (1) Hyper secretion of insulin by pancreatic beta cell
 - (2) ↑Glucose production by liver
 - (3) ↑Release of FFA by α lipose tissue
 - (4) ↑Uptake of glucose by skeletal muscles

57. Inter Heart study is one of the largest case control study evaluating Risk Factors for CAD. According to Inter Heart study, the distribution of Risk Factors globally as well as in each region and country is different. The following group of people included in the study belong to which group :
- (1) All MI patients (2) First MI patients only
 (3) All stable CAD patients (4) CCT-post MI patients
58. According to Inter Heart study, strong genetic prediction of Acute MI risk regardless of ethnicity, region or gender is :
- (1) Coronary snaking (2) Abnormal ApoB/Apo A1 ratio
 (3) HDL (4) (1) and (2) only
59. Framingham risk prediction for CAD is based under following risk factors except :
- (1) Age (2) HDL Chol
 (3) HDL Chol (4) DM
60. Prevention of CVD and CVD related deaths at individual level can be done by the following ways except :
- (1) Primary Prevention (2) Secondary Prevention
 (3) Personal Prevention (4) Tertiary Prevention
61. Prevention means reduction and elimination of the risk factors for CAD. The approach for adopting the control measures are all except :
- (1) Population based strategy (2) Single risk factor strategy
 (3) High burden strategy (4) Gender based strategy
62. Main form of control of life style modifications in the prevention of CAD are all except :
- (1) Behavior change (2) Quit smoking
 (3) Diet modification (4) Treatments of all risk factors medically
63. Based on the following, choose the following drugs are recommended for secondary prevention of CAD is/are :
- (1) Statins (2) ACE inhibitors
 (3) Antiplatelet aspirin (4) Calcium Channel Blockers

64. The following facts about carbohydrates in diet are true except :
- (1) Complex carbohydrates -brown rice, whole bread, etc are good
 - (2) Simple Carbohydrates -Sugar, Candy, glucose demeritose, etc are bad
 - (3) Classified according to Glycaemic index
 - (4) Highly processed carbohydrates are found to have low glycaemic index
65. The glycaemic index of food is determined by all the following features except :
- (1) Fiber content
 - (2) Ripeness
 - (3) Fat contents
 - (4) Natural or Artificial
66. Different types of fats that are classified according to their effects on human beings are all except :
- (1) Mono unsaturated
 - (2) Poly unsaturated
 - (3) Trans fat
 - (4) Omega 3 unsaturated fatty acids
67. Saturated fat is high in all of the following Animal and Plant products except :
- (1) Coconut oil, Palm oil
 - (2) Cheese, milk, lard, etc
 - (3) Animal meat, Egg yolk
 - (4) Fish
68. Benefits of regular exercise programme includes all of the following except :
- (1) Weight loss and maintenance
 - (2) Improvement in glucose metabolism and lipids
 - (3) Control of BP
 - (4) Precipitation of CAD
69. Control of hypertension involves non pharmacological management and drug treatment. The non pharmacological measures mostly related to life style modification and include all except :
- (1) Reduction in salt intake
 - (2) Stoppage of smoking
 - (3) Regular physical exercise
 - (4) Alcohol intake
70. Dyslipidaemia is a risk factor for CAD. By treating dyslipidaemia CAD can be prevented. Trials that showed primary prevention of CAD by statins are as follows except :
- (1) WOSCOPS
 - (2) AFCAPS
 - (3) TEXTCAPS
 - (4) 4 S

71. Non pharmacological way of reducing dyslipidaemia is by doing regular exercise. All of the following changes occur with exercise except :
- (1) \uparrow LDL (2) \downarrow HDL (3) \downarrow TC (4) \downarrow LP(a)
72. American Heart Association guidelines for secondary prevention of CAD are all except :
- (1) Lipid management including statins
(2) Anti platelets
(3) Beta blockers
(4) Weight reducing drugs
73. Risk intervention needed for primary prevention of CAD as recommended by AHA are all except :
- (1) BP control (2) Diet therapy
(3) Physical activity (4) Moderate Alcohol intake
74. Drugs recommended in the control of BP after Acute MI and during follow up are all except :
- (1) Beta Blockers (2) ACEI (3) ARBs (4) Nitrates
75. In blood lipid management the target given by NCEP for CAD patients and those having DM are all except :
- (1) LDL chol <100 (2) HDL chol >40
(3) TG <150 (4) TC <150
76. Exercise rehabilitation therapy is recommended in the following patients except .
- (1) HF (2) PAD
(3) Stable CAD (4) Unstable CAD
77. Fatty Meat and Meat products which are rich in saturated fats and cholesterol to be avoided are all except :
- (1) Red meat - Mutton, Lamb, Pork
(2) Organ meat -Liver, brain and kidneys
(3) Lobster, shrimps and egg yolk
(4) Fish and fish products
78. CAD prevalence in urban population in India is :
- (1) 8% (2) 11% (3) 18% (4) 22%

79. BP Goal for primary and secondary prevention in patients of Diabetes and patients with CKD is :
- (1) <140/90 (2) <120/80 (3) <130/80 (4) <110/80
80. The most powerful predictor of atherosclerosis is total cholesterol/HDL C ratio. The ratio associated with high risk of CAD is :
- (1) TC/HDL C > 5.0 (2) TC/HDL C > 5.5
(3) TC/HDL C > 4.5 (4) TC/HDL C > 4.0
81. Person with 10 years risk of CAD 10% or higher aspirin is recommended for primary prevention in dose of :
- (1) 50 mg/day (2) 75-150 mg/day
(3) 325 mg/day (4) 200 mg/day
82. If LDL cholesterol goal is attained in primary prevention by statin therapy then non-HDL cholesterol lowering is secondary goal. Non HDL cholesterol is .
- (1) Total cholesterol - Triglycerides
(2) Total cholesterol - HDL cholesterol
(3) TC- LDL cholesterol
(4) TC- VLDL cholesterol
83. Drug of choice for lowering triglyceride levels after LDL goal is achieved by statins are :
- (1) omega - 3 -fatty acid and high fibre diet
(2) fibrates or Niacin
(3) high doses of statins and high fibre diet
(4) 1200 K cal Low fat, Low cholesterol high fibre diet
84. Drugs recommended as secondary prevention in all post MI and post ACS patients are :
- (1) betablockers, statins
(2) betablockers, statins, aspirin
(3) betablockers, statins, aspirin, omega -3 - fatty acid
(4) betablockers, statins, aspirin, ACE-Inhibitors
85. Men and women who stops smoking take years to achieve risk rate of those people who never smoked.
- (1) in 5 yrs (2) in 8 yrs (3) in 9 yrs (4) in 10 yrs

86. All of them are side effects of alcohol excess except :
- (1) Hypertension (2) Liver disease (cirrhosis)
(3) Pancreatitis (4) Rise in HDL cholesterol
87. Increased levels of which of the following reduce the risk of myocardial infarction
- (1) LDL (2) HDL
(3) VLDL (4) Triglycerides
88. A 35 year old female, diabetic, non-hypertensive, with family history of CAD and a typical chest pain has BMI of 35 kg/sq.m, hyperlipidemia and negative TMT. What will be your advice ?
- (1) Coronary angiogram
(2) CT coronary angiogram
(3) Lifestyle modification, anti cholesterol drugs and aspirin
(4) Lifestyle modification alone
89. A 65 year old diabetic lady with stable episodes of angina has normal ECG and echocardiogram. What will be your next plan of management ?
- (1) Coronary angiography
(2) Lifestyle modification and anti - anginal medications
(3) Lifestyle medications, antianginal medications, diabetes control
(4) Lifestyle medications, antianginal medications, aspirin, diabetes control, statins and treadmill test
90. A 50 year old gentleman was admitted with acute myocardial infarction and underwent primary angioplasty. His LDL was found to be 130 mg/dl. A prescription of statins for him is an example of which preventive strategy ?
- (1) Primordial Prevention (2) Primary Prevention
(3) Secondary Prevention (4) Tertiary Prevention
-