POST GRADUATE DIPLOMA IN CLINICAL CARDIOLOGY (PGDCC)

00552

Term-End Examination

June, 2013

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 <u>OMR Answer Sheets</u>.
- *(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 HE or lead pencil and not by ball pen <u>in OMR Answer Sheets</u>.
- (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.	It ha of al	s been estimated l types.	ם 2001		_ million people died of Cardiovascular Diseases					
	(1)	5	(2)	12		(3)	17	(4)	30	
2.	The	most important o	causes	s for CVD d	leaths	are tl	ne following ex		·	
	(1)	Coronary Arter	y Dise	ease	(2)	Нур	pertension			
	(3)	COPD			(4)	Rhe	umatic Heart E	Diseases		
3.	CVD accounted for percent of deaths in developing countries.									
	(1)	46	(2)	23		(3)	17.1	(4)	58	
4.	4. South Asians include the following except									
	(1)	China	(2)	Malaysia	_	(3)	India	(4)	South Korea	
5.	In the autopsy study done in Singapore, immigrants of India origin had coronary a disease seven times more than						ad coronary artery			
	(1)	Chinese	(2)	Malaysiar	ıs	(3)	Caucasians	(4)	Indonesians	
6.	Seve	erity of Coronary	Arter	y Disease a	mong	g Indians is compared to others				
	(1)	Less			(2)	More				
	(3)	Equal			(4)	No comparitive study has been done till				
7.	On a	coronary angiogra	aphy,	Asian India	ns are	found	d to have the fo	llowing	except	
	(1)	Smaller Corona	ry Ve	ssels	(2)	Larg	ger Coronary V	essels		
	(3)	Fewer Collatera	ls		(4)	Mor	e diffuse diseas	se		
8.	Coro prer	onary artery dise nature CAD.	ease o	ccurring be	fore t	he ag	e of	_ in me	n is considered as	
	(1)	65 Years	(2)	55 Years		(3)	60 Years	(4)	70 Years	
9.	The	prevalence of Co	ronary	y Artery Dis	ease a	mong	young Asian I	ndians is	s about	

(1) 12 - 16% (2) 5 - 6% (3) 25 - 30% (4) 40 - 50%

10.	Young CAD is defined as Coronary Artery Disease occurring before the age of												
	(1)	60 years	(2)	55 years		(3)	50 years	(4)	40 years				
11.	The	mean age at first N	AI is al	bout	1	ower f	or the Indian men	comp	ared to Europeans.				
	(1)	12 months	(2)	5 years		(3)	10 years	(4)	20 years				
12.	Stan	dardized Mortalii	ty rate	e (SMR) for	CAD	in Soı	1th Asians men is	3	Caucasians.				
	(1)	Higher than	5	× ,	(2)	Less	er than						
	(3)	Equal to			(4)	No s	such study done t	ill dat	e to compare this				
13.	Prevalence rate for CAD among urban population in India is												
	(1)	7.6% - 12.6%	(2)	4% - 5%		(3)	18.8% - 22.6%	(4)	26% - 30%				
14	Providence rate for CAD emong rural nonvelation in India is												
11.	(1)	1%	u	inong ruru	(2)	3.1% - 7.4%							
	(3)	15% - 18%			(4)	18.6	% - 22%						
15	The	average monthly	, hou	sehold incor	ne in	India	is						
201	(1)	49 US Dollars	,		(2)	100	US Dollars						
	(3)	600 US Dollars			(4)	18 U	JS Dollars						
16.	The	Economic burder	n of C	AD in India	a is re	eporte	d to be						
	(1)	Rupees 5 billion	1		(2)	Rup	ees 25 billion						
	(3)	Rupees 100 billi	ion		(4)	Rup	ees 200 billion						
17.	Prev	valence of hyperte	ensior	in India is			in urban area.						
	(1)	10 - 30.9%			(2)	3.5 -	5%						
	(3)	26.8 - 32.6%			(4)	18.4	- 21.8%						
18.	School study done in primary school children 6 - 10 years of age has shown a prevalence of RHD of per 1000 children.												

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(1) 10 (2) 6.8 (3) 3.9 (4) 12

19.	Athe	erosclerotic proces	ss star	rts as early as _		year of age.					
	(1)	3	(2)	10	(3)	18	(4)	40			
20.	Acu	te Coronary Synd	lrome	s occur in		plaque.					
	(1)	Soft	(2)	Hard	(3)	Calcific	(4)	Fibrous			
21.	Follo	owing are the non	modi	fiable risk factor	s for C	oronary Artery	disease	except			
	(1)	Age									
	(2)	Gender									
	(3)	Family history c	of pre	mature atheroscl	lerosis						
	(4)	Obesity									
22.	The	modifiable risk fa	actors	for CAD are th	e follo	wing except		_,			
	(1)	Tobacco smokin	g	(2)	Alco	hol Consumpti	on				
	(3)	Vegetarian Diet		(4)	Phy	sical inactivity					
23.	The	biochemical/phys	siolog	ical risk factors	for CA	AD are the follo	wing e>	«cept			
	(1)	Hypertension		(2)	Dys	lipidemia					
	(3)	Diabetes Mellitu	IS	(4)	Ana	emia					
24.	The	increasing incide	ence c	of CAD in prem	enopa	usal women are	e relate	d to the following			
	exce	pt									
	(1)	Stress full life									
	(2)	Tobacco smokin	g								
	(3)	Prolonged use o	f oral	contraceptives							
	(4)	Physical exercise	e								
25.	Won	nen with CAD ha	ive	progn	osis co	mpared to men	with C	CAD.			
	(1)	Equal	(2)	Worse	(3)	Better	(4)	Good			
9.0	ורדי	. 1.				1. 1.					
26.	The	in die	et inci	eases LDL choie	esterol	ieveis					
	(1)	Unsaturated fat	ty aci	as (2)	Carl	pohydrates					
	(3)	Saturated fatty a	acid	(4)	Anir	nal proteins					

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27.	Hyd	Hydrogenation of vegetable oil converts													
	(1)	Unsaturated fat	ty aci	d to trans s	aturat	ted fat	ty acids								
	(2)	Saturated fatty	acids	to poly uns	aturat	ted fat	ty acids								
	(3)	Unsaturated fat	ty aci	ds to LDL (Choles	sterol									
	(4)	Saturated fatty	acids	to HDL Ch	oleste	rol									
28.	Toba	Tobacco smoking causes the following except													
	(1)	Increases the in	ciden	ce of CAD	(2)	Cau	ses more severe (
	(3)	Causes prematu	are Cz	AD	(4)	Prol	ongs life								
29.	Lack	Lack of physical activity causes the following except													
	(1)	Increase in Insu	lin Se	nsitivity	(2)	Incre	ease in Blood lipi	ds							
	(3)	Rise in blood pr	essure	e .	(4)	Incr	ease in body wei	ght							
30.	The	following persor	ality	behaviour i	ncreas	ses the	e incidence of CA	\D							
	(1)	Туре А	(2)	Туре В		(3)	Туре С	(4)	Туре D						
31.	The	following behavi	iours	increase the	incid	lence	of CAD	·							
	(1)	Relaxed	(2)	Competiti	ve	(3)	Hostility	(4)	Exuberant						
32.	The Cholesterol is considered as good cholesterol.														
	(1)	LDL	(2)	HDL		(3)	VLDL	(4)	Triglycerides						
33.	The normal range for HDL Cholesterol in women is														
	(1)	10 - 20 mg/dl	(2)	60 - 80 mş	g/dl	(3)	30 - 40 mg/dl	(4)	100 - 110 mg/dl						
34.	The facto	normal acceptat	ole rai 	nge of LDL	chole	esterol	in adult health	y male	e without any risk						
	(1)	130 - 150 mg/d	11		(2)	200	- 220 mg/dl								
	(3)	50 - 70 mg/dl			(4)	170	- 180 mg/dl								
35.	The risk	total cholesterol, of CAD.	/HDL	cholesterol	ratio	more	than	_ is as	sociated with high						
	(1)	2.5	(2)	1.5		(3)	3.0	(4)	4.5						

36.	The	prevalence of C	CAD arr	ong adult	diabet	ic pat	tients is	·				
	(1)	10%	(2)	25%		(3)	80%	(4)	55%			
37.	The CAE	, globally, as w	ty is onv vell as ir	e of the larg n each regio	gest ca on and	se coi l amo:	ntrolled stud ng the differ	ies to evalı ent ethnic	uate risk factors group.	for		
	(1)	AIRE			(2)	FRA	MINGHAM	[
	(3)	TECUMSEH			(4)	INT	ERHEART					
38.		prevent	ion is co	oncerned w	ith co	ntrolli	ing, reversing	g and treat	ing the risk fac	tors		
	in tr	e individual or	in the c	community	before	e any	damage to t	ne organ/s	system nappens			
	(1)	Primary	(2)	Secondary	У	(3)	Tertiary	(4)	Quaternary			
39.	39. study was the first study to show the effectiveness of change in l prevention of Atherosclerosis in a population.								nge in life styl	e in		
	(1)	INTER HEAR	T		(2)	FRA	MINGHAM	1				
	(3)	SEVEN COUI	NTRIES		(4)	NU	RSES HEAL	TH				
40.). In Nurses Health Study following cha prevention.					kcept .	S	howed the	impact on prin	nary		
	(1)	Moderate to V	Vigorou	s Exercise	(2)	Low BMI						
	(3)	Smoking Cess	sation		(4)	Stat	ins					
41.	The	following drug	s have b	een shown	to be	usefu	l in primary j	prevention	except			
	(1)	Aspirin			(2)	AC	E Inhibitor					
	(3)	Statins			(4)	Cal	cium Channe	el Blocker				
42	The	Hydroxymethy	zl olutai	vl - COA 1	reduct	ase in	hibitor are					
1	(1)	Asnirin	(2)	Clopidog	rel	(3)	Statins	(4)	Nifedepine			
	(*)	1000	(~)	erop 1108		(0)		(-)				
43.	Acc tota	ording to WHC l calories.) recom	mendation	on di	et, fat	intake shou	ıld be less	than	of		
	(1)	10%	(2)	30%		(3)	25%	(4)	15%			
				×.								

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44.	The follo	The salient points of WHO recommendations for diet in prevention of atherosclerosis are the following except										
	(1) (3)	Saturated fat les High intake of p	s than 10 proteins	%	(2) (4)	Plen Less	ty of fibers, fru of salt and Su	uits and v gar	regetables			
45.	Non	pharmacological	managem	ent of H	ypert	except						
	(1)	Reduction of ov	erweight		(2)	Higł	ı carbohydrate	e diet				
	(3)	Reduction in sal	t intake		(4)	Stres	s managemen	nt				
46.	Whi	ch of the followin	g is a non	modifia	able risk factor for CAD :							
	(1)	Age			(2)	Gender						
	(3) Psycho Social Stress				(4)	Heredity						
47.	The	risk of Sudden Ca	ardiac Dea	ath in G	enera	l Pop	ulation age 35	years and	d older is :			
	(1)	0.001% per year			(2)	0.1 -	0.2% per year	r				
	(3)) 25% per year				5% j	ber year					
48.	Lum	inal Stenosis is sa	id to occu	ır when	plaqı	ue bu	den exceeds :					
	(1)	50% of cross sec	tion area		(2)	40%	of cross sectio	on area				
	(3)	75% of cross sec	ction area		(4)	90% of cross section area						
49.	Rece	ent drugs used for	smoking	cessatio	n:							
	(1)	Nicotine Chewin	ng gum		(2)	Bup	ropion					
	(3)	Buscopan			(4)	Low yield Cigarettes						
50.	Each card	ı increase of HDI iovascular diseas	L - C by f e.	1 mg/d	l is a	ssocia	ted with		decrease in total			
	(1)	1 - 2%	(2) 2 -	3%		(3)	3 - 4%	(4)	4 - 5%			
51.	Pha	rmacological Redu	action in I	Diastolic	BP b	y 5 - (ó mm Hg redu	ıces risk o	of CAD by :			
	(1)	46%	(2) 20	%		(3)	25%	(4)	14%			

P.T.O.

 (1) Positive remodelling (2) Negative remodelling (3) Intimal thickening (4) None of the above 53. Obesity is defined as BMI : (1) > 20 (2) > 25 (3) > 30 (4) > 35 54. In health professional follow up study, 30 minutes of daily walking was associated with reduction in coronary risk. (1) 10% (2) 20% (3) 30% (4) 18% 55. Amount of Alcohol which is cardioprotective : (1) 30 ml (2) 20 ml (3) 50 ml (4) 60 ml 56. Safe Lipid Lowering drug in children is	
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(1) Resin (2) Statin (3) Fibrates (4) Niacin	
57. Each 5 mmHg increase in Diastolic BP, associated with % increase in s	troke
(1) 56% (2) 21% (3) 47% (4) 34%	
58. JNC VI, Optimal BP is :	
(1) 130/80 mmHg (2) 120/80 mmHg	
(3) 140/90 mmHg (4) 150/100 mmHg	
59. False regarding Fish oil is :	
(1) Antithrombic effects	
(2) Anti inflammatory	
(3) Contraindicated in hyper triglyceridemia	
(4) Decrease VLDL synthesis	
60. In Post - Menopausal women, Exogenous Estrogen results in all except :	
(1) \uparrow HDL (2) \uparrow LDL	
(3) \uparrow Apolipoprotein - a (4) \downarrow Apolipoprotein B 100	

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61. All the following are components of Metabolic Syndrome X except :										
	(1)	Hyper triglyceri	demia	n (2)	High	HDL Levels			
	(3)	Hyper insulinen	nia	((4)	Hypertension				
62.	The	most common ca	use of	death in wor	nen	is :				
	(1)	CAD	(2)	CVA		(3)	Cancer	(4)	COPD	
63.	. Percentage of patients with CAD having SCD :									
	(1)	10 - 20%	(2)	5 - 10%		(3)	20 - 25%	(4)	25 - 50%	
64.	Carc	Cardio protective agent present in Red Wine is :								
	(1)	Resveratrol	(2)	Methyl Alco	hol	(3)	Ethyl Alcohol	(4)	None	
65.	Orig	in of Lipoprotein	is fro	m :						
	(1)	Intestine	(2)	Liver		(3)	Tissue	(4)	All	
66.	The drug used in Helsinki Heart Study is :									
	(1)	Gemfibrozel	(2)	Pravastatin		(3)	Lovastatin	(4)	Simvastatin	
67.	CAI) in women equal	ling t	hat in men by	7 age	e :				
	(1)	55 years	(2)	65 years		(3)	75 years	(4)	85 years	
68.	Mos	t of the dietary fa	t , cons	sists of :						
	(1)	Cholesterol	(2)	Triglyceride	s	(3)	Chylomicrons	(4)	None	
69.	Ave	rage reduction of	BP w	ith 1kg reduct	tion	in bo	dy weight :			
	(1)	1.3/1.0 mmHg	(2)	1.6/1.3 mm	Hg	(3)	10/5 mmHg	(4)	20/10 mmHg	
70.	Mec	hanism of action	of Sta	tin is :						
	(1)	Decrease Hepat	ic Pro	duction of VI	LDL					
	(2)	Interaction with	I PPA	Rα						
	(3)	Decreased Hepa	atic Se	cretion of VL	DL	from	Liver.			
	(4)	Interrupt the en	iteroh	epatic circulat	tion	of bil	e.			

71. Syndrome X is due to :

- (1) Atherosclerosis (2) Coronary spasm
- (3) Microvascular dysfunction (4) Coronary emboli

72. The Incidence of Primary Cardiac arrest lowered by OMEGA - 3 fatty acids due to :

1.0

- (1) Prevents Atherosclerosis
- (2) Reduction in risk for abnormal Cardiac electrical conductivity
- (3) Decreases inflammatory markers
- (4) All.

73. Patient with CAD, LDL goal is :

(1) < 70 mg/dl (2) < 100 mg/dl (3) < 130 mg/dl (4) < 160 mg/dl

74. Common Causes of death in young athletes (age < 35 years) is :

- (1) Coronary anamolies (2) HCM
- (3) \uparrow Cardiac mass (4) Tunnelled LAD

75. Cigarette smoking has all the following effect on CAD except :

- (1) Predisposes to atherosclerotic plaque.
- (2) Acute thrombosis
- (3) Does not Aggravate other risk factors.
- (4) Cessation of smoking has been shown to decrease both morbidity and mortality.

76. Lipid Lowering drug that has Antioxidant properties :

- (1) Niacin (2) Resin (3) Probucol (4) Statin
- 77. Step II diet % of Calories from saturated fats :
 (1) 30%
 (2) 10%
 (3) < 7%
 (4) 55%
- 78. Following drug will not cause dyslipidemia :
 - (1) Thiazide diuretic (2) Retinoic acid
 - (3) Calcium channel blocker (4) Beta blockers

- 79. Primary Prevention goal LDL, TG; HDL Levels :
 - (1) LDL, 130 mg/dl, HDL 31 40 mg/dl, TG 151 - 250 mg/dl.
 - (2) LDL <130 mg/dl, HDL >40 mg/dl, TG <150 mg/dl.
 - (3) LDL 161 190 mg/dl, HDL 25 30 mg/dl
 TG 251 400 mg/dl.
 - (4) LDL >190 mg/dl, HDL <25 mg/dl, TG >400 mg/dl.
- 80. Palmar striated Xanthomas are pathognomic of :
 - (1) Familial Hyper Clylomicronemia
 - (2) Type V Hyper lipidemia
 - (3) Type III Hyper lipoproteinemia
 - (4) Familial Hyper triglyceridemia

81. Highest prevalence of HTN in world is :

(1)	Indians	(2)	Hispanic Americans
(3)	African Americans	(4)	Whites

82. Drug that decrease FFA mobilization from periphery is :

(1) Resin (2) Statin (3) Fibrates (4) Niacin

- 83. Anti hypertensive recommended in Benign Prostate Hyperplasia :
 - (1) ACE inhibitor (2) Diuretics (3) α blockers (4) Beta blockers

84. Drug not indicated for Hyper triglyceridemia :(1) Resin(2) Statin(3) Fibrates(4) Niacin

- 85. All the following are beneficial effects of ACE inhibitors in CAD except :
 - (1) Reduction in LVH
 - (2) Reduction in vascular Hypertrophy
 - (3) Reduction in plaque rupture
 - (4) No effect on Coronary endothelial vasomotor function.

86.	No increase in LDL - C following intake of :									
	(1)	Myristic acid		(2)	Lauric acid					
	(3)	Oleic acid		(4)	Palm	utic acid				
87.	. Very high Risk Classification of hyperlipidemia based on LDL levels is if LDL levels are									
	(1)	<100 mg%	(2)	100 - 129 mg%	(3)	130 - 159 mg%	(4)	≥160 mg%		
88.	Lipoprotein X formation is seen in :									
	(1)	Liver disease		(2)	Rena	l disease				
	(3)	Drug induced		(4)	Diab	petes				
		,								
89.	Mali	gnant Hypertensi	on is	defined as Diasto	lic BP	:				
	(1)	>90 mmHg	(2)	>100 mmHg	(3)	>120 mmHg	(4)	>115 mmHg		
90.	Aspi	rin in secondary	preve	ntion reduces CV	D eve	ents by :				
	(1)	25%	(2)	18%	(3)	22%	(4)	27%		

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