

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 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. It has been estimated that in 2001 _____ million people died of Cardiovascular Diseases of all types.
 (1) 5 (2) 12 (3) 17 (4) 30

2. The most important causes for CVD deaths are the following except _____.
 (1) Coronary Artery Disease (2) Hypertension
 (3) COPD (4) Rheumatic Heart Diseases

3. CVD accounted for _____ percent of deaths in developing countries.
 (1) 46 (2) 23 (3) 17.1 (4) 58

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 artery disease seven times more than _____.
 (1) Chinese (2) Malaysians (3) Caucasians (4) Indonesians

6. Severity of Coronary Artery Disease among Indians is _____ compared to others
 (1) Less (2) More
 (3) Equal (4) No comparative study has been done till date

7. On coronary angiography, Asian Indians are found to have the following except _____.
 (1) Smaller Coronary Vessels (2) Larger Coronary Vessels
 (3) Fewer Collaterals (4) More diffuse disease

8. Coronary artery disease occurring before the age of _____ in men is considered as premature CAD.
 (1) 65 Years (2) 55 Years (3) 60 Years (4) 70 Years

9. The prevalence of Coronary Artery Disease among young Asian Indians is about _____.
 (1) 12 - 16% (2) 5 - 6% (3) 25 - 30% (4) 40 - 50%

19. Atherosclerotic process starts as early as _____ year of age.
(1) 3 (2) 10 (3) 18 (4) 40
20. Acute Coronary Syndromes occur in _____ plaque.
(1) Soft (2) Hard (3) Calcific (4) Fibrous
21. Following are the non modifiable risk factors for Coronary Artery disease except _____.
(1) Age
(2) Gender
(3) Family history of premature atherosclerosis
(4) Obesity
22. The modifiable risk factors for CAD are the following except _____.
(1) Tobacco smoking (2) Alcohol Consumption
(3) Vegetarian Diet (4) Physical inactivity
23. The biochemical/physiological risk factors for CAD are the following except _____.
(1) Hypertension (2) Dyslipidemia
(3) Diabetes Mellitus (4) Anaemia
24. The increasing incidence of CAD in premenopausal women are related to the following except _____.
(1) Stress full life
(2) Tobacco smoking
(3) Prolonged use of oral contraceptives
(4) Physical exercise
25. Women with CAD have _____ prognosis compared to men with CAD.
(1) Equal (2) Worse (3) Better (4) Good
26. The _____ in diet increases LDL cholesterol levels
(1) Unsaturated fatty acids (2) Carbohydrates
(3) Saturated fatty acid (4) Animal proteins

27. Hydrogenation of vegetable oil converts _____.
- (1) Unsaturated fatty acid to trans saturated fatty acids
 - (2) Saturated fatty acids to poly unsaturated fatty acids
 - (3) Unsaturated fatty acids to LDL Cholesterol
 - (4) Saturated fatty acids to HDL Cholesterol
28. Tobacco smoking causes the following except _____.
- (1) Increases the incidence of CAD
 - (2) Causes more severe CAD
 - (3) Causes premature CAD
 - (4) Prolongs life
29. Lack of physical activity causes the following except _____.
- (1) Increase in Insulin Sensitivity
 - (2) Increase in Blood lipids
 - (3) Rise in blood pressure
 - (4) Increase in body weight
30. The following personality behaviour increases the incidence of CAD _____.
- (1) Type A
 - (2) Type B
 - (3) Type C
 - (4) Type D
31. The following behaviours increase the incidence of CAD _____.
- (1) Relaxed
 - (2) Competitive
 - (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 mg/dl
 - (3) 30 - 40 mg/dl
 - (4) 100 - 110 mg/dl
34. The normal acceptable range of LDL cholesterol in adult healthy male without any risk factors is _____.
- (1) 130 - 150 mg/dl
 - (2) 200 - 220 mg/dl
 - (3) 50 - 70 mg/dl
 - (4) 170 - 180 mg/dl
35. The total cholesterol/HDL cholesterol ratio more than _____ is associated with high risk of CAD.
- (1) 2.5
 - (2) 1.5
 - (3) 3.0
 - (4) 4.5

36. The prevalence of CAD among adult diabetic patients is _____.
- (1) 10% (2) 25% (3) 80% (4) 55%
37. The _____ study is one of the largest case controlled studies to evaluate risk factors for CAD, globally, as well as in each region and among the different ethnic group.
- (1) AIRE (2) FRAMINGHAM
(3) TECUMSEH (4) INTERHEART
38. _____ prevention is concerned with controlling, reversing and treating the risk factors in the individual or in the community before any damage to the organ/system happens.
- (1) Primary (2) Secondary (3) Tertiary (4) Quaternary
39. _____ study was the first study to show the effectiveness of change in life style in prevention of Atherosclerosis in a population.
- (1) INTER HEART (2) FRAMINGHAM
(3) SEVEN COUNTRIES (4) NURSES HEALTH
40. In Nurses Health Study following changes except _____ showed the impact on primary prevention.
- (1) Moderate to Vigorous Exercise (2) Low BMI
(3) Smoking Cessation (4) Statins
41. The following drugs have been shown to be useful in primary prevention except _____.
- (1) Aspirin (2) ACE Inhibitor
(3) Statins (4) Calcium Channel Blocker
42. The Hydroxymethyl glutaryl - COA reductase inhibitor are _____.
- (1) Aspirin (2) Clopidogrel (3) Statins (4) Nifedepine
43. According to WHO recommendation on diet, fat intake should be less than _____ of total calories.
- (1) 10% (2) 30% (3) 25% (4) 15%

44. The salient points of WHO recommendations for diet in prevention of atherosclerosis are the following except _____.
- (1) Saturated fat less than 10% (2) Plenty of fibers, fruits and vegetables
(3) High intake of proteins (4) Less of salt and Sugar
45. Non pharmacological management of Hypertension include the following except _____.
- (1) Reduction of overweight (2) High carbohydrate diet
(3) Reduction in salt intake (4) Stress management
46. Which of the following is a non modifiable risk factor for CAD :
- (1) Age (2) Gender
(3) Psycho Social Stress (4) Heredity
47. 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
48. Luminal Stenosis is said to occur when plaque burden exceeds :
- (1) 50% of cross section area (2) 40% of cross section area
(3) 75% of cross section area (4) 90% of cross section area
49. Recent drugs used for smoking cessation :
- (1) Nicotine Chewing gum (2) Bupropion
(3) Buscopan (4) Low yield Cigarettes
50. Each increase of HDL - C by 1 mg/dl is associated with _____ % decrease in total cardiovascular disease.
- (1) 1 - 2% (2) 2 - 3% (3) 3 - 4% (4) 4 - 5%
51. Pharmacological Reduction in Diastolic BP by 5 - 6 mm Hg reduces risk of CAD by :
- (1) 46% (2) 20% (3) 25% (4) 14%

52. Re stenosis after balloon Angioplasty is due to :
- (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
- (1) Resin (2) Statin (3) Fibrates (4) Niacin
57. Each 5 mmHg increase in Diastolic BP, associated with _____ % increase in stroke
- (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) ↑ HDL (2) ↑ LDL
(3) ↑ Apolipoprotein - a (4) ↓ Apolipoprotein B 100

61. All the following are components of Metabolic Syndrome X except :
- (1) Hyper triglyceridemia (2) High HDL Levels
(3) Hyper insulinemia (4) Hypertension
62. The most common cause of death in women 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. Cardio protective agent present in Red Wine is :
- (1) Resveratrol (2) Methyl Alcohol (3) Ethyl Alcohol (4) None
65. Origin of Lipoprotein is from :
- (1) Intestine (2) Liver (3) Tissue (4) All
66. The drug used in Helsinki Heart Study is :
- (1) Gemfibrozil (2) Pravastatin (3) Lovastatin (4) Simvastatin
67. CAD in women equalling that in men by age :
- (1) 55 years (2) 65 years (3) 75 years (4) 85 years
68. Most of the dietary fat consists of :
- (1) Cholesterol (2) Triglycerides (3) Chylomicrons (4) None
69. Average reduction of BP with 1kg reduction in body weight :
- (1) 1.3/1.0 mmHg (2) 1.6/1.3 mmHg (3) 10/5 mmHg (4) 20/10 mmHg
70. Mechanism of action of Statin is :
- (1) Decrease Hepatic Production of VLDL
(2) Interaction with PPAR α
(3) Decreased Hepatic Secretion of VLDL from Liver.
(4) Interrupt the enterohepatic circulation of bile.

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.

