

Atrial fibrillation

Q85 Regarding atrial fibrillation (AF):

- a AF usually complicates acute MI in about 1% of cases
- b Hypertension accounted for about half of the cases of AF in the Framingham study
- c Is typically asymptomatic
- d Resolution to sinus rhythm is less likely if due to thyrotoxicosis rather than to ischaemic heart disease
- e AF is present in 0.4% of adults

Q86 Recognised causes of AF include:

- a Thyrotoxicosis
- b Rheumatic heart disease
- c Alcohol
- d WPW syndrome
- e Atrial myxoma

Q87 Amiodarone:

- a May cause hypothyroidism
- b May cause hyperthyroidism
- c Contains iodine as part of its molecular structure
- d Is strongly negatively inotropic
- e Is a class III antidysrhythmic agent

Q88 Recognised side effects of amiodarone are:

- a Pulmonary embolism
- b Pulmonary fibrosis

- c Pulmonary atelectasis
- d Corneal micro-deposits
- e Red man syndrome

Q89 Concerning stroke prevention:

- a Aspirin is a cyclo-oxygenase inhibitor, and dipyridamole is a cyclic nucleotide phosphodiesterase inhibitor; when combined, the two agents seem to offer a greater pharmacologic advantage than does either taken alone
- b Aspirin with dipyridamole cut patients' risk of stroke and death by one-third, compared with patients taking aspirin plus placebo
- c For TIA patients with atrial fibrillation, a target INR of 3.5 is recommended
- d Good surgical candidates for carotid endarterectomy have stenosis of 70–99%
- e Carotid endarterectomy is suitable for acute management of TIA with 50% stenosis of the ipsilateral common carotid artery

Dysrhythmias

Q90 WPW syndrome:

- a The Kent accessory pathway was first discovered in 1893
- b Occurs in about 1% of the population
- c Type A has the accessory pathway on the left side of the heart
- d Type B has a positive delta wave in lead I
- e May mimic LBBB on the ECG

Q91 First-degree AV block:

- a The AV nodal artery is usually a branch of the right coronary artery
- b Is more common after inferior than anterior MI
- c Is always pathological
- d Always requires temporary pacing post-MI
- e Will usually progress to higher degrees of heart block

Q92 The following drugs will prolong the QT interval:

- a Lithium
- b Terfenadine
- c Quinine
- d Quinidine
- e Amiodarone

Q93 Ventricular fibrillation:

- a Should be treated with an unsynchronised electric shock with an initial energy of 200J; if unsuccessful, a second shock of 200J, and, if necessary, a third shock of 360J

- b Should be treated with intra-cardiac calcium injection if DC cardioversion fails after two attempts
- c IV amiodarone may be given as 300 mg bolus
- d 1 mg IV epinephrine is the drug of choice
- e IV atropine sulphate has no role

Q94 Carotid sinus syndrome:

- a Is investigated by carotid sinus massage for 5 minutes on each side
- b Is common in young adults
- c Causes bradycardia as the responsible mechanism for syncope
- d Permanent pacemaker insertion is the treatment of choice
- e Is a known cause of falls in the elderly without history of syncope

Q95 Ventricular tachycardia:

- a Non-sustained VT lasts less than 30 seconds, whereas sustained VT lasts more than 30 seconds
- b The vast majority of post-MI VT and VF occur within the first 48 hours of MI
- c May be treated with amiodarone 150 mg infused over 10 minutes
- d Immediate cardioversion is generally not needed for rates under 150 bpm
- e IV beta-blockers have no role

- Q96** A 24-year-old student has an ECG with a PR interval of 0.7 s and a QT interval of 0.6 s. Which of the following could be responsible?
- a Clopidogrel
 - b Augmentin
 - c Erythromycin
 - d Sotalol
 - e Digoxin
- Q97** A prominent R wave in V1 may occur with which of the following?
- a Wolf–Parkinson–White syndrome type A
 - b RBBB
 - c Posterior infarction
 - d Dextrocardia
 - e Wolf–Parkinson–White syndrome type B
- Q98** The most common type of dysrhythmia associated with WPW syndrome is:
- a Atrial fibrillation
 - b Ventricular fibrillation
 - c Multifocal PVCs
 - d Atrial tachycardia
 - e AV-nodal re-entry tachycardia
- Q99** Which of the following electrolyte abnormalities may cause long QT segment?
- a Hypokalaemia
 - b Hypocalcaemia
 - c Hypomagnesaemia

- d Hyponatraemia
- e Hypernatraemia