A 72-year-old man diagnosed with ischemic heart disease presents with diffuse cardiosclerosis, permanent tachysystolic atrial fibrillation, heart failure IIa, FC III. Objective examination of vital signs: blood pressure is 135/80 mm Hg, heart rate is 160/min., pulse is 125/min. Left ventricular ejection fraction is 32%. What drug is indicated in this case and should be presribed to the patient?

a.Digoxin
b.Ivabradine
c.Procainamide (Novocainamide)
d.Isadrine (Isoprenaline)
e.Verapamil

A 37-year-old man suffers from attacks of unconsciousness, dyspnea during physical exertion, periodical sensations of heart rate disorder. Father of the patient died suddenly at the age of 45. Objectively: heart rate is 90/min., BP is 140/90 mm Hg. On heart US: ejection fraction - 49%, significant myocardium thickening of the left ventricle and interventricular septum. What drug should be prescribed for the treatment?

a. Furosemide
b. Bisoprolol
c. Hydrochlorothiazide
d. Enalapril
e. Phenyhydinum (Nifedipine)

A 68-year-old woman with congestive heart failure and left ventricular ejection fraction of textless 40% receives the following pharmacotherapy scheme: ramipril, furosemide, bisoprolol, clopidogrel, and digoxin. During one of her regular examinations, frequent polymorphic ventricular extrasystoles were detected in the patient. What medicine should be removed from her therapy scheme?

a. Bisoprolol
b. Clopidogrel
c. Ramipril
d. Torasemide
e. Digoxin

A child with chronic carditis, heart failure class IIA, who is being treated with digoxin, developed increasing bradycardia, nausea, vomiting, dizziness, and disturbed sleep. ECG shows an extrasystole, PQ is 0.18. What is the most likely cause of this condition?

a. Acute intestinal infection
b. Pulmonary edema
c. Hypokalemia
d. Overdose or intolerance of cardiac glycosides
e. First-degree atrioventricular block

A 49-year-old man complains of angina pectoris attacks that occur when he walks up to 500 m. He has a many-year-long history of chronic bronchitis. Examination detects a small number of dry diffuse crackles in the lungs, the respiratory rate is 18/min. The borders of the heart are expanded to the left, the heart sounds are muffled, the heart rate=PS=86/min., the blood pressure is 160/100 mm Hg. Complete blood count shows the following: Hb 160g/L, leukocytes 6,4•10 VL,ESR-7mm/hour. ECG shows hypertrophy of the left ventricle. What group of drugs is contraindicated in this case, taking into account the concomitant pathology?

a.Beta blockers
b.Long-acting nitrates
c. Anliplatelet drugs
d. Calcium antagonists
e.Angioprotectors

A 64-year-old man is undergoing outpati-ent treatment for ischemic heart disease, di-fuse cardiosclerosis, persistent atrial fibri-lation, and functional class III heart failure. The pharmacotherapy consists of cordaronc (amiodarone) twice a day, torasemide every other day, and trimetazidine twice a day. The family physician recommended taking warfarin (3 mg per day) to prevent thrombus formation. What parameter should be measured in this case for optimal control of the effectiveness and safety of the anti-coagulant therapy?

a.Fibrinogen levels
b.Erythrocyte sedimentation rate
c.International normalized ratio
d.Platelet count
e.Lee-White clotting time

A 44-year-old patient with postinfarcti-on cardiosclerosis presents with frequent heart rate disorders and lower extremity edema. Objectively: Ps- 95/min., irregular, 10-12 extrasystoles per minute. BP- 135/90 mm Hg. The 1st heart sound at the apex is weakened. Pulmonary respiration is rough. The liver is enlarged +2 cm. ECG: irregular sinus rhythm, heart rate - 95/min, frequent poly ventricular extrasystoles. What anti-arrhythmic drug is advisable in this case for treatment and prevention of extrasystole?

a.Lidocaine

b.Mexiletine
c.Quinidine
d.Novocainamide (Procainamide)
e.Amiodarone

A 60-year-old man presents with ischemic heart disease and heart failure of the IV class according to NYHA (New York Heart Association) that manifests as dyspnea at rest. There are moist crackles in the patient's lungs. Liver +4 cm, lower limbs are swollen. Ejection fraction is 25%. What sign is the most indicative when determining functional class of heart failure according to NYHA?

a.Moist crackles in the lungs
b.Swollen lower limbs
c.Degree of dyspnea
d.Decrease of ejection fraction
e.Extent of liver enlargement

A 69-year-old woman was diagnosed with the following: ischemic heart disease; stable exertional angina pectoris, FC III; heart failure IIA with retained left ventricular ejection fraction, functional class III (NYHA). What vaccine should be chosen for influenza prevention and to avoid destabilization of the patient's condition?

a.Inactivated influenza vaccine (IV)
b.Type of influenza vaccine is not important
c.Recombinant influenza vaccine (RIV)
d.Vaccination is contraindicated due to severe heart failure
e.Vaccination is contraindicated due to elderly age of the patient

A 39 y.o. patient complains of having dyspnea during physical activity, crus edemata, palpitation, heart intermissions. Objectively: HR is 150 bpm, atrial fibrillation. Heart is both ways enlarged. Heart sounds are muted. Liver is 6 cm below the costal margin. Echocardiogram reveals di-latation of heart chambers (end diastolic volume of left ventricle is 6,8 cm) is 29% EF, valve apparatus is unchanged. What is the most probable diagnosis?

a.Dilated cardiomyopathy
b.Exudative pericarditis
c.Restrictive cardiomyopathy
d. Hypertrophic cardiomyopathy
e.Thyreotoxic cardiomyopathy