

1. A 62-year-old woman was brought into the admission room with complaints of severe burning retrosternal pain and asphyxia. She has a 10-year-long history of essential hypertension. Objectively her condition is moderately severe. She presents with skin pallor, cyanotic lips, and vesicular respiration over her lungs. The II heart sound is accentuated over the aorta. Blood pressure - 210/120 mm Hg, heart rate (pulse) - 76/min. ECG shows elevation of ST segment in the leads I, AVL, and V5-V6. What is the most likely diagnosis?

- a. Hypertensive crisis complicated with acute left ventricular failure
- b. Hypertensive crisis complicated with instable angina pectoris
- c. Uncomplicated hypertensive crisis
- d. Hypertensive crisis complicated with acute myocardial infarction
- e. Pulmonary embolism

**Правильна відповідь: Hypertensive crisis complicated with acute myocardial infarction**

2. A 62-year-old man addressed a urologist with complaints of frequent urination at night (5-6 times per night), sensation of incomplete voiding of the urinary bladder, pain in the lower abdomen, slow urination. Anamnesis: the II degree essential hypertension (peak BP is 160/100 mm Hg). Current case: the II degree enlargement of the prostate gland, PSA is 2,2 ng/ml. Select the drug suitable for long-term therapy of the patient's combined pathology:

- a. Propranolol
- b. Indapamide
- c. Amlodipine
- d. Captopril
- e. Doxazosin

**Правильна відповідь: Doxazosin**

3. A 65-year-old patient was prescribed pharmacotherapy (ramipril, atorvastatin, amlodipine, acetylsalicylic acid, bisoprolol) for essential hypertension with concomitant ischemic heart disease. Two weeks later, he consulted a doctor about a dry cough. Examination detects no signs of acute respiratory viral infection or damage to the bronchoary apparatus. A side

effect of ramipril is suspected. What drug can be used to replace ramipril in the treatment plan?

- A. Torasemide
- B. Enalapril
- C. Nifedipine
- D. Nebivolol
- E. Valsartan

**Правильна відповідь: Valsartan**

4. A pregnant woman suffers from essential hypertension of the first degree. At 35 weeks of gestation, she developed edemas of the legs and anterior abdominal wall. Her 24-hour urine protein is 5 g/L, the blood pressure increased to 170/120 mm Hg. She developed a headache and her vision became worse. Four hours of intensive treatment had no effect. What tactics would be necessary in this case?

- a. Continuation of the intensive therapy
- b. Immediate delivery by caesarean section
- c. Preparation of the cervix for preterm birth
- d. Labor induction
- e. Conservative management of the delivery

**Правильна відповідь: Immediate delivery by caesarean section**

5. Essential hypertension, as an important non-communicable disease, is the most common type of arterial hypertension, in which there is a persistent increase in blood pressure up to 140/90 mm Hg and which is influenced by exogenous and endogenous risk factors. What factors are endogenous?

- a. Obesity
- b. Age (over 40 years), sex, hereditary predisposition
- c. Excessive emotional and nervous strain
- d. Stress
- e. Sensitivity to weather changes

**Правильна відповідь: Age (over 40 years), sex, hereditary predisposition**

6. Having examined a 52-year-old patient, the doctor diagnosed him with obesity (body mass index - 34 kg/m<sup>2</sup>, waist circumference - 112 cm) and arterial hypertension (170/105 mm Hg). 2-hour postprandial blood sugar is 10.8 mmol/L. What biochemical blood analysis needs to be conducted to diagnose the patient with metabolic syndrome X?

- A. Lipid profile
- B. Bilirubin
- C. Calcium and phosphorus
- D. Creatinine and urea
- E. Electrolytes

**Правильна відповідь: A. Lipid profile**

7. A 62-year-old woman was brought into the admission room with complaints of severe burning retrosternal pain and asphyxia. She has a 10-year-long history of essential hypertension. Objectively her condition is moderately severe. She presents with skin pallor, cyanotic lips, and vesicular respiration over her lungs. The II heart sound is accentuated over the aorta. Blood pressure - 210/120 mm Hg, heart rate (pulse) - 76/min. ECG shows elevation of ST segment in the leads I, AVL, and V5-V6. What is the most likely diagnosis?

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**Правильна відповідь: Hypertensive crisis complicated with acute myocardial infarction**

8. A 56-year-old woman was diagnosed with stage 2 hypertension of the 2nd degree. She belongs to the group of moderate risk and has bronchial asthma. What group of drugs is **CONTRAINDICATED** to this patient?

- a. beta-blockers

- b. Calcium antagonists
- c. Diuretics
- d. Angiotensin-converting enzyme inhibitors
- e. Imidazoline receptor antagonists

**Правильна відповідь: beta-blockers**

9. A 47-year-old woman complains of paroxysmal headaches that have been occurring for the past 5 years. The pain is unilateral, intense, and localized in the frontal area. It is accompanied by nausea and abdominal discomfort and begins suddenly. The headaches are preceded by blurred vision. The woman has a history of hypertension episodes, but currently takes no medicines. Between the headaches, her condition is satisfactory. Objectively: she is overeating (body mass index is 29), her blood pressure is 170/95 mm Hg. Her neurological status is normal. Make the diagnosis:

- a. Migraine
- b. Hypertensive encephalopathy
- c. Chronic subdural hematoma
- d. Epilepsy
- e. Benign intracranial hypertension

**Правильна відповідь: Migraine**

10. A 25-year-old woman at 34 weeks of pregnancy was hospitalized in a critical condition into the maternity clinic. She complains of headache, vision impairment, and nausea. Objectively, she has edemas, her blood pressure is 170/130 mm Hg. Suddenly, the woman developed fibrillar twitching of her facial muscles, tonic and clonic seizures, and respiratory arrest. One and a half minutes later her breathing resumed and blood-tinged foam appeared from her mouth. Her urinary protein levels are 3.5 g/L. Make the diagnosis:

- a. Epilepsy
- b. Gastric ulcer
- c. Brain hemorrhage
- d. Eclampsia
- e. Brain edema

**Правильна відповідь: Eclampsia**

