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1. Which of the following causes fed state (reactive) hypoglycemia?

- Cirrhosis of liver.
- Post gastrectomy (dumping syndrome).
- Severe hepatitis.
- Insulinoma.

2. Which of the following is NOT TRUE regarding latent autoimmune diabetes of adults (LADA)?

- Age of onset > 30 years.
- LADA type 1 has 2 or more antibodies in high titres and has a phenotype closer to type 1 diabetes.
- LADA type 2 has only one antibody present in low titres and the phenotype is similar to type 2 diabetes.
- LADA type 2 has 2 or more antibodies in high titres and the phenotype is similar to type 1 diabetes.

3. Dapagliflozin is not recommended in patients with eGFR:

- <58 ml/min/1.73m²
- <55 ml/min/1.73m²
- <50 ml/min/1.73m²
- <45 ml/min/1.73m²

4. Which of the following is false regarding transition from intravenous to subcutaneous insulin?

- Start rapid acting insulin subcutaneously 1-2 hours before discontinuing intravenous insulin.
- Intermediate or long acting insulin must be injected 2-3 hours before discontinuing intravenous insulin.
- Total daily dose of insulin should be based on insulin requirement within last 6-8 hours that can be extrapolated to 24 hours.
- About 40-60 % of total dose can be administered as the basal or intermediate insulin.

5. Which of the following is a cause of pseudo-hypoglycemia?

- Leucine sensitivity.
- Hereditary fructose intolerance.
- Alimentary hyperinsulinism.
- Chronic leukaemias.

6. Which of the following is false regarding mild DKA?

- pH= 7.25-7.3
- Serum bicarbonate= 15-18 mmol/L
- Patient is alert.
- None.

7. Pathogenesis of diabetes mellitus in hepatitis C virus infection includes:

- Insulin deficiency or poor insulin secretion.
- Pancreatic infection by hepatitis C virus.
- Non-alcoholic fatty liver disease.
- All of the above.

8. Microalbuminuria is defined as urinary albumin excretion of:

- <30 mg/24 hour.
- 30-299 mg/24 hour.
- 300-380 mg/24 hour.
- >380 mg/24 hour.

9. Which of the following is incorrectly matched regarding levels of diabetic retinopathy?

- Moderate non-proliferative diabetic retinopathy (NPDR): soft exudates, venous beading and intraretinal microvascular abnormalities definitely present.
- Severe NPDR: Haemorrhages/microaneurysms in all four quadrants.
- Early proliferative diabetic retinopathy: New vessels on the disc of 1/4 to 1/3 or more of the disc area.
- Clinically significant macular oedema: Thickening of the retina located 500 micro-meter or less from the centre of the macula.

10. Diabetic truncal neuropathy is characterised by:

- Pain and paraesthesia in thoracic 4-thoracic 12 distribution in the chest or abdominal distribution.
- Bulging of abdominal wall.
- Onset may be sudden or gradual.
- All of the above.

11. Which of the following is true regarding erectile dysfunction in diabetes?

- Neurogenic factors involve loss of unmyelinated C-fibres in the early stage and large myelinated fibres in late stage.
- Stenosis of internal pudendal artery.
- Impaired relaxation of the corpus cavernosal smooth muscle.
- All of the above.

12. The first aim in management of diabetic foot ulcer is to:

- Treat the infection.
- Revascularize the affected limb if ischaemia present.
- Offload the ulcer.
- Prepare the wound bed for closure.

13. Which of the following is correct regarding bone mineral density (BMD) and risk of fracture in type 2 diabetes mellitus?

- Low BMD and high risk of fracture.
- High BMD and low risk of fracture.
- High BMD and high risk of fracture.
- Low BMD and low risk of fracture.

14. Which of the following is correct regarding hypoglycemia in elderly diabetics?

- Neuroglycopenic symptoms predominates compared to adrenergic symptoms.
- Recovery from hypoglycemia may be slower.
- Elderly diabetics who become hypoglycemic are at a greater risk for myocardial infarction or cerebrovascular accidents.
- All of the above.

15. Smallest concentration of glucose which can be measured in urine using reagent test strips is:

- 1-10 mg/dL.
- 10-99 mg/dL.
- 100-199 mg/dL.
- 200-299 mg/Dl.

(Answers on page 52)