1. Alcohol interacts with warfarin through

A CYP450 1A2

B Alcohol dehydrogenase

C Interaction has not been clearly defined

D p-Glycoprotein

2. The greatest risk of fetal abnormalities related to warfarin use occurs during

A The first trimester

B The second trimester

C The third trimester

D stable throughout pregnancy

3. The optimal duration of follow-up for patients receiving warfarin is:

A Weekly

B Monthly

C Every 12 weeks

D Not clearly defined in the literature

4. When using enoxaparin during pregnancy for the prevention of VTE in patients who have been receiving long term warfarin therapy:

A Use near therapeutic treatment level doses adjusted for body weight

B Use standard prophylactic doses

5. Antiphospholipid antibody syndrome:

A Decreases the levels of Factor II and X

B is associated with an Increase in the risk of hemorrhagic complications

C is a viral disease

D May interfere with the INR measurement of patients receiving warfarin

6. Alcohol

A Should be avoided at any level in all patients receiving warfarin

B Can be managed similar to other drug interactions

C Multiple studies on the interaction between binge drinking and warfarin have been published

D Alcoholism is a FDA labeled contraindication to the use of warfarin

7. The risk of thrombosis in pregnant women with mechanical heart valves is

A Lowest in patients being treated with warfarin

B Lowest in patients being treated with a LMWH

8. No major group of international experts have supported the notion testing the INR in a patient receiving warfarin as little as once every 3 months

A True

B False

9. A clinically appropriate way to monitor a patient receiving warfarin with antiphospholipid antibody syndrome is:

A Factor II activity level

B Factor X activity level

C Activated Clotting Time (ACT)

D Both A and B

10. Binge drinking of alcohol in an anti-coagulated patient increase the risk of

A Falls

B Gastrointestinal bleeding

C Non-compliance

D All of the above