

Bullock 8e: Fundamentals of Pharmacology

Section 2

Section Name: Medicine Administration And Professional Responsibilities

Chapters: 6-11

Chapter 6 MEDICINE FORMULATIONS, STORAGE AND ROUTES OF ADMINISTRATION

Topics:

Tablets

"Enteric-coated preparations"

Capsules

Sustained-release and controlled-release preparations

Oral liquid preparations

Topical preparations

Sublingual and buccal administration

Intranasal administration

Transdermal administration

Rectal administration

Vaginal administration

"Parenteral medicine administration"

Nebuliser and inhaler administration

Storage of medicines

Learning Objectives:

1. Explain all of the common routes by which medicines can be administered.
2. Give the reasons for the use of each of these routes.
3. List the advantages and disadvantages of each route.
4. Describe the storage conditions required for particular medicines.

MULTIPLE CHOICE. Choose the one alternative that best completes the statement or answers the question.

1) Administering enteric-coated medications via a nasogastric tube is:

- A) usually alright if a large flush of water is given afterwards.
- B) not advisable as medications administered via a nasogastric tube need to be crushed.
- C) standard practice.
- D) acceptable as long as the crushed tablet is not mixed with other medications.

Answer: B

Topic: Enteric-coated preparations

Learning objective: 1 Explain all of the common routes by which medicines can be administered, 2 Give the reasons for the use of each of these routes.

Difficulty: 2

2) Which is true of a linctus?

- A) It needs to be stored at or below 25°C.
- B) It is administered without water.
- C) It is a viscous liquid with expectorant, sedating and cough-suppressing properties.
- D) All of the above.

Answer: D

Topic: Oral liquid preparations, Storage of medicines

Learning objective: 1 Explain all of the common routes by which medicines can be administered. 4 Describe the storage conditions required for particular medicines.

Difficulty: 2

3) Eye drops are made isotonic to:

- A) avoid pain or discomfort on application.

- B) prevent infection.
- C) prevent an increase in intraocular pressure.
- D) prevent trachoma.

Answer: A

Topic: Topical preparations

Learning objective: 1 Explain all of the common routes by which medicines can be administered, 2 Give the reasons for the use of each of these routes.

Difficulty: 2

4) In children over the age of 3 years and adults, for aural administration the auricle is pulled:

- A) down and back.
- B) up and back.
- C) down and outwards.
- D) up and outwards.

Answer: B

Topic: Topical preparations

Learning objective: 1 Explain all of the common routes by which medicines can be administered.

Difficulty: 2

5) After administering ear drops, to allow the medication to disperse and absorb, the client should:

- A) not talk for 5 minutes.
- B) lie down with the affected ear facing up for about 10 minutes.
- C) lie down flat for 10 minutes.
- D) sit for 5 minutes.

Answer: B

Topic: Topical preparations

Learning objective: 1 Explain all of the common routes by which medicines can be administered.

Difficulty: 1

6) A drug formulated into a(n) _____ will penetrate the deeper layers of the skin most effectively.

- A) lotion
- B) gel
- C) ointment
- D) cream

Answer: C

Topic: Transdermal administration

Learning objective: 1 Explain all of the common routes by which medicines can be administered. 3 List the advantages and disadvantages of each route.

Difficulty: 3

7) Following buccal administration, a drug:

- A) travels along the gastrointestinal system.
- B) goes directly to the hepatic portal circulation.
- C) is absorbed directly into blood vessels.
- D) is broken down by the stomach.

Answer: C

Topic: Sublingual and buccal administration

Learning objective: 1 Explain all of the common routes by which medicines can be administered.

Difficulty: 2

8) Ointments are lipid-based preparations that act like an occlusive dressing to:

- A) completely shut out the skin from the air but allow sweating to still occur.
- B) partially shut out the skin from the air but allow sweating to still occur.
- C) partially shut out the skin from the air and prevent sweating.
- D) completely shut out the skin from the air and prevent sweating.

Answer: A

Topic: Topical preparations

Learning objective: 1 Explain all of the common routes by which medicines can be administered, 2 Give the reasons for the use of each of these routes.

Difficulty: 2

9) For best results when administering nystatin oral drops, you should do all of the following EXCEPT:

- A) place it under the tongue.
- B) hold it in the mouth for as long as possible.
- C) swallow it straight away.
- D) place it in the buccal cavity.

Answer: C

Topic: Sublingual and buccal administration

Learning objective: 1 Explain all of the common routes by which medicines can be administered.

Difficulty: 2

10) Drugs administered transdermally must be:

- A) lipophilic.
- B) hydrophilic.
- C) lipophobic.
- D) amphipathic.

Answer: A

Topic: Transdermal administration

Learning objective: 1 Explain all of the common routes by which medicines can be administered.

Difficulty: 3

11) Suppositories, in general, when inserted into the lower third of the rectum:

- A) always have a fast onset of action.
- B) avoid the hepatic first pass.
- C) are useful for ulcerative colitis.
- D) are for laxative use only.

Answer: B

Topic: Rectal administration

Learning objective: 1 Explain all of the common routes by which medicines can be administered.

2 Give the reasons for the use of each of these routes.

Difficulty: 2

12) Laxative enemas are hypertonic in order to:

- A) draw water into the lower gastrointestinal tract to soften stool.
- B) dissolve faecal matter to enable it to be excreted.
- C) improve the fluid balance of the client.
- D) bulk up the faeces in order to minimise diarrhoea.

Answer: A

Topic: Rectal administration

Learning objective: 1 Explain all of the common routes by which medicines can be administered.

Difficulty: 2

13) Which of the following injections involves drug administration to a highly vascular area of the body?

- A) Subcutaneous injection
- B) Intradermal injection
- C) Intrathecal injection
- D) Intramuscular injection

Answer: D

Topic: Parenteral medicine administration

Learning objective: 1 Explain all of the common routes by which medicines can be administered.

Difficulty: 2

14) Which of the following routes of drug administration is recommended for a rapid drug effect?

- A) Intradermal
- B) Intravenous
- C) Oral
- D) Topical

Answer: B

Topic: Parenteral medicine administration

Learning objective: 1 Explain all of the common routes by which medicines can be administered. 2 Give the reasons for the use of each of these routes.

Difficulty: 1

15) Intrathecal injection is a mode of drug delivery into

- A) blood.
- B) lymph nodes.
- C) cerebrospinal fluid.
- D) synovial fluid.

Answer: C

Topic: Parenteral medicine administration

Learning objective: 1 Explain all of the common routes by which medicines can be administered.

Difficulty: 1

16) Which of the following respiratory devices are NOT effective for use in acute exacerbation of asthma?

- A) Metered-dose inhalers
- B) Spacer devices
- C) Nebulisers
- D) Dry powder inhalers

Answer: D

Topic: Nebuliser and inhaler administration

Learning objective: 1 Explain all of the common routes by which medicines can be administered, 2 Give the reasons for the use of each of these routes.

Difficulty: 3

17) Following use of a nebuliser unit:

- A) dismantle the unit, rinse and shake to allow to dry.
- B) pack it away in the client's bedside drawer.
- C) dismantle the unit, rinse and towel dry.
- D) leave it hanging by the client's bedside.

Answer: A

Topic: Nebuliser and inhaler administration

Learning objective: 1 Explain all of the common routes by which medicines can be administered

Difficulty: 1

18) Sublingual administration of a drug always ensures:

- A) rapid action.
- B) avoidance of hepatic first pass.
- C) minimal adverse effects.
- D) all of the above.

Answer: B

Topic: Sublingual and buccal administration

Learning objective: 3 List the advantages and disadvantages of each route.

Difficulty: 2

19) Is it problematic to administer heparin via intramuscular injection?

- A) No, intramuscular and subcutaneous administration are both safe and effective.
- B) No, as long as the dose is appropriate.
- C) Yes, it can cause a haematoma to form.
- D) Yes, limited blood flow to skeletal muscles causes reduced bioavailability of the drug.

Answer: C

Topic: Parenteral medicine administration

Learning objective: 3 List the advantages and disadvantages of each route.

Difficulty: 2

20) To avoid hydrolysis of aspirin tablets, the container should be kept in:

- A) the bathroom.
- B) the kitchen.
- C) a coat pocket.
- D) a cool, dry place.

Answer: D

Topic: Tablets

Learning objective: 4 Describe the storage conditions required for particular medicines.

Difficulty: 1

21) The shelf life of glyceryl trinitrate tablets after opening the container is:

- A) 80 days.
- B) 85 days.
- C) 90 days.
- D) 100 days.

Answer: C

Topic: Tablets

Learning objective: 4 Describe the storage conditions required for particular medicines.

Difficulty: 3

22) The shelf life of a reconstituted penicillin mixture for oral use is:

- A) 5 days.
- B) 7 days.
- C) 9 days.
- D) 12 days.

Answer: B

Topic: Oral liquid preparations

Learning objective: 4 Describe the storage conditions required for particular medicines.

Difficulty: 3

23) The shelf life of eye drops after opening the container is:

- A) 12 days.
- B) 24 days.
- C) 28 days.
- D) 36 days.

Answer: C

Topic: Topical preparations

Learning objective: 4 Describe the storage conditions required for particular medicines.

Difficulty: 3

24) Storing biological products, for example insulin at 0–4°C, prevents:

- A) proliferation.
- B) pain on administration.
- C) medication errors.
- D) denaturation.

Answer: D

Topic: Storage of medicines

Learning objective: 4 Describe the storage conditions required for particular medicines.

Difficulty: 3

25) Drugs of biological origin such as vaccine preparations need to be stored

- A) between 25°C and 37°C.
- B) at room temperature.
- C) between 10°C and 20°C.
- D) between 0°C and 4°C.

Answer: D

Topic: Storage of medicines

Learning objective: 4 Describe the storage conditions required for particular medicines.

Difficulty: 2

TRUE/FALSE QUESTIONS

26) Sustained or controlled-release medication should not be crushed or chewed.

Answer: True

Topic: Sustained-release and controlled-release preparations.

Learning objectives: 1 Explain all of the common routes by which medications can be administered.

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Difficulty: 1

27) Nasal preparations are not absorbed systemically.

Answer: False

Topic: Intranasal administration.

Learning Objective: 1 Explain all of the common routes by which medicine can be administered.

Difficulty: 1

28) There is a risk of damage to the large sciatic nerve when administering a drug by intramuscular injection into the gluteus muscle.

Answer: True

Topic: Parenteral medicine administration

Learning objective: 3 List the advantages and disadvantages of each route.

Difficulty: 1

29) The deltoid muscle is more vascular than the gluteus muscle, so it is possible to inject a large volume (exceeding 1 mL) of drug into the deltoid muscle.

Answer: False

Topic: Parenteral medicine administration

Learning objective: 3 List the advantages and disadvantages of each route.

Difficulty: 1

SHORT ANSWER QUESTIONS

30). What is the rationale for lying down when inserting a pessary with an applicator and remaining in a supine position for approximately 20 minutes?

Answer: The supine position ensures that the medication remains *in situ* and does not drain (leak) out as the vagina has no sphincters.

Topic: Vaginal administration

Learning objective: 1 Explain all of the common routes by which medicines can be administered.

Difficulty: 2

31). What effect does exercise have on absorption of a drug that is administered by intramuscular injection?

Answer: Exercise improves absorption of a drug after intramuscular injection because it causes an increase in skeletal muscle blood flow.

Topic: Parenteral medicine administration

Learning objective: 1 Explain all of the common routes by which medicines can be administered, 2 List the advantages and disadvantages of each route.

Difficulty: 2

Chapter 7 THE CLINICAL DECISION-MAKING PROCESS

Topics:

National Medicines Policy of Australia

The clinical decision-making process

Learning Objectives:

1. Identify the principles of the National Medicines Policy of Australia, with a particular focus on the concept of the 'quality use of medicines'.
2. Apply the clinical decision-making process to principles of medicine administration.

MULTIPLE CHOICE. Choose the one alternative that best completes the statement or answers the question.

1) Which of the following is NOT an objective of the Australia's National Medicines Policy?

- A) Timely access to the medicines that Australians need, at a cost individuals and the community can afford
- B) Medicines meeting appropriate standards of quality, safety and efficacy
- C) Quality use of medicines

D) Consumers and health professionals communicating effectively about medicines management

Answer: D

Topic: National Medicines Policy of Australia

Learning objective: 1 Identify the principles of the National Medicines Policy of Australia, with a particular focus on the concept of the 'quality use of medicines'.

Difficulty: 1

2) Which of the following is NOT representative of the 'quality use of' facet of the National Medicines Policy?

A) Only focusing on drug therapy

B) Choosing suitable medicines

C) Safe use of medicines

D) Effective use of medicines

Answer: A

Topic: National Medicines Policy of Australia

Learning objective: 1 Identify the principles of the National Medicines Policy of Australia, with a particular focus on the concept of the 'quality use of medicines'.

Difficulty: 1

3) The nursing clinical decision-making process involves the following steps:

A) assessment, planning and implementation.

B) assessment, planning, implementation and evaluation.

C) assessment, diagnosis, planning, implementation and evaluation.

D) assessment and evaluation.

Answer: C

Topic: The clinical decision making process

Learning objective: 2 Apply the clinical decision-making process to principles of medicine administration.

Difficulty:

4) What is the first step in the clinical decision-making process?

A) evaluation

B) assessment

C) planning

D) prognosis

Answer: B

Topic: The clinical decision-making process

Learning objectives: 2 Apply the clinical decision-making process to principles of medicine administration.

Difficulty: 1

TRUE/FALSE QUESTIONS

5) New Zealand is the only country worldwide that has a comprehensive medicinal policy at the Commonwealth level.

Answer: False

Topic: National Medicines Policy of Australia

Learning objective: 1 Identify the principles of the National Medicines Policy of Australia, with a particular focus on the concept of the 'quality use of medicines'.

Difficulty: 1

Chapter 8 MEDICINE ADMINISTRATION STRATEGIES AND DOCUMENTATION

Topics:

Five 'rights' of medicine administration

Agency policies and procedures

Checking procedures

Documentation procedures

Learning Objectives:

1. Identify the five 'rights' of medicine administration.
2. Identify what is meant by 'agency policies and procedures'.
3. Describe the checking procedures for medicine administration.
4. Describe the documentation procedures for various types of medicines

1) The rights of drug administration are:

- A) giving the right drug, in the right dose, to the right person, by the right route, at the right time.
- B) giving the right drug, in the right dose, at the right time.
- C) giving the right drug, in the right dose, by the right route.
- D) giving the right drug, in the right dose, to the right person.

Answer: A

Topic: Five 'rights' of medicine administration

Learning objective: 1 Identify the five 'rights' of medicine administration.

Difficulty: 2

2) Medication ordered at particular time intervals should be given on time to:

- A) ensure that health professionals provide their care efficiently.
- B) maintain consistent blood levels of the medication.
- C) ensure that medications are not wasted.
- D) ensure that patients have a structured approach to their care.

Answer: B

Topic: Five 'rights' of medicine administration

Learning objective: 1 Identify the five 'rights' of medicine administration.

Difficulty: 1

3) Sympathomimetic agents such as adrenaline, noradrenaline and dopamine, which are commonly used in critical care areas, cannot be given through a peripheral vein because:

- A) it would be difficult for the nurse to control the flow rate of a peripheral infusion.
- B) a volumetric pump cannot be connected to a peripheral intravenous line.
- C) there is greater risk of infection around the cannula site.
- D) the agents can cause permanent necrosis of extremities.

Answer: D

Topic: Five 'rights' of medicine administration

Learning objective: 1 Identify the five 'rights' of medicine administration.

Difficulty: 1

4) A nursing student involved in checking blood products should be accompanied to the bedside of the patient by:

- A) one registered nurse.
- B) two registered nurses.
- C) bedside checks are not required if the products and paperwork have been double-checked by two registered nurses.
- D) students should never check medications or blood products.

Answer: B

Topic: Checking procedures

Learning objectives: 3 Describe the checking procedures for medicine administration.

Difficulty: 1

5) How many registered nurses are needed to check information for administration of drugs such as narcotic analgesics, digoxin and warfarin?

- A) None
- B) One
- C) Two
- D) More than five

Answer: C

Topic: Checking procedures

Learning objective: 3 Describe the checking procedures for medicine administration.

Difficulty: 1

6) Only one registered nurse's signature is sufficient for checking of documentation procedures of the following EXCEPT for:

- A) blood transfusions.
- B) orally administered drugs and intermittent intravenous drugs.
- C) intravenous fluids.
- D) once-only or nurse-initiated drugs.

Answer: A

Topic: Documentation procedures

Learning objective: 4 Describe the documentation procedures for various types of medicines

Difficulty: 1

TRUE/FALSE QUESTIONS

7) A health professional is required to practice within the policies and procedures of the health care agency and to follow the legal framework of government legislation.

Answer: True

Topic: Agency policies and procedures

Learning objective: 2 Identify what is meant by 'agency policies and procedures'.

Difficulty: 1

Chapter 9 MEDICATION ERRORS

Topics:

Types of medication errors

How to avoid medication errors

Learning Objectives:

1. Describe the types of medication errors that can occur in practice.
2. Explain the strategies that could be implemented to avoid medication errors

1) Which of the following are potential sources of medical errors? Select all that apply.

- A) The wrong dose of a medication is given.
- B) The person's identity is not checked.
- C) The manufacturer changes inert ingredients.
- D) The person takes all of their medicines at the same time every day.

Answers: A, B

Topic: types of medication errors

Learning objective: 1 Describe the types of medication errors that can occur in practice.

Difficulty: 2

2) In order to avoid medication errors, it is a good strategy to have two patients with the same name positioned:

- A) next to each other.
- B) opposite each other.
- C) next to the central office area.
- D) at opposite ends of the hospital ward.

Answer: A

Topic: How to avoid medication errors

Learning objective: 2 Explain the strategies that could be implemented to avoid medication errors.

Difficulty: 2

TRUE OR FALSE QUESTIONS

3) Following the five rights”will help reduce medication errors.

Answer: True

Topic: Types of medication errors

Learning objective: 1 Describe the types of medication errors that can occur in practice.

Difficulty: 1

Chapter 10 MANAGEMENT OF COMMON ADVERSE DRUG REACTIONS

Topics:

Definition and classification

Common adverse effects of medicines

Learning Objectives:

1. Define the term ‘adverse drug reaction’, and identify the two broad classifications of adverse drug reactions.
2. Describe the management of common adverse drug reactions.

1) A type A adverse drug reaction is:

- A) a long-term effect that involves an interaction between circulating antibodies and a medication.
- B) a delayed effect that occurs when a medication binds onto the surface of blood cells and induces an antibody reaction.
- C) a predictable result based on the pharmacological profile of the medication.
- D) an aberrant or idiosyncratic effect that is not predicted by the known pharmacology of a medication.

Answer: C

Topic: Definition and classification

Learning objective: 1 Define the term ‘adverse drug reaction’, and identify the two broad classifications of adverse drug reactions.

Difficulty: 2

2) A conscious client with respiratory depression should be placed in a:

- A) flat position.
- B) semi-upright position.
- C) side position.
- D) prone position.

Answer: B

Topic: Common adverse effects of medicines

Learning objective: 2 Describe the management of common adverse drug reactions.

Difficulty: 2

3) What agent is used to treat respiratory depression caused by an opioid analgesic?

- A) Pentazocine
- B) Naloxone
- C) Methadone
- D) Naltrexone

Answer: B

Topic: common adverse effects of medicines

Learning objective: 2 Describe the management of common adverse drug reactions.

Difficulty: 1

4) Which drug is the most common cause of an anaphylactic reaction?

- A) Aspirin
- B) Contrast media
- C) Penicillin
- D) Transfused blood

Answer: C

Topic: Common adverse effects of medicines

Learning objective: 2 Describe the management of common adverse drug reactions.

Difficulty: 1

5) What is the mainstay of treatment for anaphylactic shock?

- A) Hydrocortisone

- B) Adrenaline
- C) Salbutamol
- D) Promethazine

Answer: B

Topic: Common adverse effects of medicines

Learning objective: 2 Describe the management of common adverse drug reactions.

Difficulty: 1

6) Postural hypotension is an adverse effect often associated with drugs that:

- A) block α -adrenoceptors.
- B) stimulate α -adrenoreceptors.
- C) block β -adrenoreceptors.
- D) stimulate β -adrenoreceptors.

Answer: A

Topic: Common adverse effects of medicines

Learning objective: 2 Describe the management of common adverse drug reactions.

Difficulty: 3

7) A common adverse drug reaction is hypertension. The drug therapy for treatment of hypertension may include the following EXCEPT:

- A) α -adrenoreceptor agonists.
- B) angiotensin-converting enzyme inhibitors.
- C) calcium antagonists.
- D) α -adrenoreceptor antagonists.

Answer: A

Topic: Common adverse effects of medicines

Learning objective: 2 Describe the management of common adverse drug reactions.

Difficulty: 3

TRUE/FALSE. Write 'T' if the statement is true and 'F' if the statement is false.

8) Aplastic anaemia caused by chloramphenicol is an example of type B adverse drug reaction.

Answer: True

Topic: Definition and classification

Learning objective: 1 Define the term 'adverse drug reaction', and identify the two broad classifications of adverse drug reactions.

Difficulty: 2

Chapter 11 RISK COMMUNICATION: BALANCING THE BENEFITS AND RISKS OF DRUG TREATMENT

Topics:

Risk

Relative risk

Absolute risk (risk difference)

Population absolute risk

Relative risk reduction versus absolute risk reduction

Number needed to treat

Applying risk–benefit analysis to examples in practice

How to communicate risks and benefits to individuals

Summary of calculations of risk

Learning objectives:

1. Define what is meant by 'risk'.
2. Define what is meant by 'relative risk'.
3. Define what is meant by 'absolute risk'.
4. Differentiate 'absolute risk' from 'population absolute risk'.
5. Compare and contrast between relative and absolute risk.
6. Explain what is meant by 'number needed to treat'.
7. Describe how to apply risk–benefit analysis to practice.
8. Explain how to communicate about the risks and benefits of medicines to individuals.

MULTIPLE CHOICE QUESTIONS

1) The ratio of the incidence of the adverse event in those individuals who take the medicine to the incidence of those who do not take the medicine is known as:

- A) presumptive risk.
- B) relative risk.
- C) absolute risk.
- D) implied risk.

Answer B

Topic: Relative risk

Learning objective: 2 Define what is meant by 'relative risk'.

Difficulty: 1

2) Which is the correct formula for measuring population absolute risk?

- A) Multiply the absolute risk for the incidence of an adverse event by the prevalence of the use of the medication in the population.
- B) Divide the absolute risk by the prevalence of use in a small subset of the population.
- C) Multiply the absolute risk for the incidence of a statistically significant adverse event by the likelihood of the medication being taken as directed.
- D) Divide the possibility of an adverse event occurring by the number of persons likely to be taking the medication.

Answer: A

Topic: Population absolute risk

Learning objective: 4 Differentiate 'absolute risk' from 'population absolute risk'.

Difficulty: 3

3) When comparing absolute risk reduction to relative risk reduction, one must consider:

- A) the incidence of an outcome event.
- B) the incidence of a sentinel event.
- C) That only the relative risk statistics are accurate.
- D) that more weight is given to absolute risk data.

Answer: A

Topic: Relative risk reduction versus absolute risk reduction

Learning objective: 5 Compare and contrast between relative and absolute risk.

Difficulty: 3

4) A study examining the risks and benefits of hormone replacement therapy (HRT) finds the number needed to treat with HRT to prevent an osteoporotic fracture is 300. This figure means 300 women need to be treated to prevent:

- A) one woman from experiencing an osteoporotic fracture.
- B) five women from experiencing an osteoporotic fracture.
- C) 110 women from experiencing an osteoporotic fracture.
- D) 220 women from experiencing an osteoporotic fracture.

Answer: A

Topic: Number needed to treat

Learning objective: 6. Explain what is meant by 'number needed to treat'.

Difficulty: 1

5) An example of a medication that has been scrutinised for risk-benefit analysis is:

- A) insulin.
- B) warfarin.
- C) alendronate.
- D) prednisone.

Answer C

Topic: Applying risk-benefit analysis to examples in practice

Learning objective: 7 Describe how to apply risk-benefit analysis to practice.

Difficulty: 2

6) Which of the following strategies would NOT be beneficial in communicating risks and benefits to individuals?

- A) Offer balanced information.

- B) Use specific, descriptive terms for risk.
- C) Use a consistent denominator.
- D) Use visual aids.

Answer: B

Topic: How to communicate risks and benefits to individuals

Learning objective: 8 Explain how to communicate about the risks and benefits of medicines to individuals.

Difficulty: 2

TRUE/FALSE QUESTIONS

- 7) Although few, there are risk-free medications in use.

Answer: False.

Topic: risk

Learning objective: 1 Define what is meant by 'risk'.

Difficulty: 1

- 8) Relative risk refers to the ratio of the incidence of an adverse event occurring in individuals taking a medication as compared to individuals not taking a medication having the same adverse event.

Answer: True

Topic: Relative risk

Learning objective: 2 Define what is meant by 'relative risk'.

Difficulty: 2

- 9) Another name for absolute risk is risk difference.

Answer: True

Topic: Absolute risk

Learning objective: 3 Define what is meant by 'absolute risk'.

Difficulty: 1

: