

**Final Examinations
for Diploma in Diabetes Care Technology : DDCT Course**

**Paper – I
Management Issues**

Time : 3 Hours

Full Marks : 80

*Question 1 is Compulsory.
Answer any Two from Question No. 2 to 5 and any Four from Question No. 6*

Q-1) Multiple Choice – Answer All.

(For each question there will be one correct answer.)

10x1 = 10

- i) All are true regarding T1 DM, except:
- Family history present in 90% cases
 - Islet antibodies are usually present
 - Prone to DKA
 - Treatment with Insulin is always needed
- ii) All are true about life style management in diabetes mellitus, except:
- Exercise should be at least 150mins/week
 - Muscle strengthening exercise may be done 2-3 days/week.
 - Avoid carbohydrate completely
 - Simple sugars to be avoided
- iii) Glycaemic control in diabetes is usually assessed by all, except:
- HbA1C
 - Urinary sugar
 - FBG
 - PPBG
- iv) Test used to detect ketone body in blood:
- Rothera's test
 - Benedict's test
 - D. Xylose's test
 - Heat test
- v) The drugs used in diabetic neuropathy is:
- Amitryptiline
 - Pregabalin
 - Gabapentin
 - Capsciacin
 - All of the above
- vi) All are the side effect of metformin, except:
- Dyspepsia
 - Diarrhoea
 - Metallic test
 - Sweet test
- vii) All are the symptoms of hypoglycemia, except:
- Sweating
 - Palpitation
 - Tachycardia
 - Bradycardia
- viii) All are true about foot wear for diabetes, except:
- Wide toe box
 - Soft insole
 - High heel
 - Well fitted
- ix) Life threatening complications of diabetes are all, except:
- Malignant otitis media
 - Rhinocerebral mucormycosis
 - Emphysematous pyelonephritis
 - Emphysematous appendicitis
- x) All the following statements are true, except:
- FPG should be done at least 10 hours after fast
 - FPG should be done at least 8 hours after fast
 - At least 12 hours of fasting is required for lipid profile
 - 2 hours PPPG to be done 2 hr from the beginning of meal.

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**Paper – I
Management Issues**

Answer any Two from Question No. 2 to 5 and any Four from Question No. 6

2x20 = 40

- Q2. Clinical features of DKA. Briefly outline the management. 20
- Q3. Enumerate micro and macrovascular complications of diabetes. Name the risk factors for CAD in DM. Name the eye complications of DM. 20
- Q4. Classify insulin. Describe issues involved in insulin use in diabetes. 20
- Q5. How to suspect hypoglycaemia and describe its management? What is hypoglycaemia unawareness? 20
- Q6. Write short notes on (**Any Four**) of the following:- **4 x 7.5 = 30**
- a) Briefly describe FCPD (Fibro Calcific Pancreatic Diabetes).
 - b) Describe sick day rule in T1 DM.
 - c) Diagnostic criteria of GDM. Outline its management.
 - d) Classify diabetes mellitus. Whom to screen for T2 DM?
 - e) When and how to screen a patient of diabetes mellitus (T1&T2) for micro and macrovascular complications?

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**Paper – II
Special Management Issues**

Time – 3 hours

Full Marks – 80

*Question 1 is Compulsory.
Answer any Two from Question No. 2 to 5 and any Four from Question No. 6*

Q-1) Multiple Choice – Answer All.

(For each question there will be one correct answer.)

10x1 = 10

- i) T1 DM is characterized by:
- a) Insulin resistance c) Glucagon deficiency
b) Absolute Insulin deficiency d) Insulin and glucagon deficiency
- ii) All are true about the diagnosis of diabetes mellitus, except:
- a) FPG \geq 126 mg% c) 2 hr OGTT \geq 180 mg%
b) 2hr OGTT \geq 200 mg% d) HbA1C \geq 6.5%
- iii) Which of the following is not a microvascular complication of diabetes?
- a) Nephropathy c) Neuropathy
b) Retinopathy d) Coronary artery disease
- iv) HbA1C target during treatment of an adult diabetic is:
- a) $<$ 8% c) $<$ 7%
b) $<$ 7.5% d) $<$ 6.5%
- v) All are true about DKA, except:
- a) Dehydration is always present
b) Random CBG always more than 250 mg%
c) Random CBG is always less than 250 mg%
d) Ketone body is always present in urine
- vi) All are seen in DKA, except:
- a) Can be treated with oral agents
b) Should be managed in hospital
c) More common in T1 DM than T2 DM
d) ABG (arterial blood gas analysis) monitoring is often required
- vii) All of the following statements are true, except:
- a) T1 DM usually occurs in 1st decade
b) T1 DM usually treated with oral hypoglycemic agents in the beginning
c) T2 DM usually occurs after 4th decade
d) Hyperosmolar nonketotic coma more common in Elderly T2 DM
- viii) Which of the following drugs usually do not cause hypoglycemia?
- a) Gliclazide c) Insulin
b) Glimeperide d) Metformin
- ix) Which of the following tests is most sensitive for early diagnosis of diabetic nephropathy?
- a) Serum creatinine estimation c) Glycoselated hemoglobin estimation
b) Creatinine clearance estimation d) Microalbuminuria estimation
- x) Agent to be avoided in moderate to severe renal failure:
- a) Metformin c) Repaglinide
b) Insulin d) DPP4 inhibitor

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**Paper – II
Special Management Issues**

Answer any Two from Question No. 2 to 5 and any Four from Question No. 6

2x20 = 40

- Q2. Clinical features of diabetic neuropathy, its investigation & its treatment with special reference to non pharmacological aspect. 20
- Q3. Enumerate the risk factors for Diabetic nephropathy. Briefly describe the screening & treatment outline of Diabetic Nephropathy. 20
- Q4. Enumerate risk factors of foot ulcer. How will you manage a case of foot ulcer? 20
- Q5. Briefly outline the instruction to be given to the teacher and student of T1 DM in school. Briefly describe life style management in diabetes mellitus. 20
- Q6. Write short notes on (**Any Four**) of the following:- **4 x 7.5 = 30**
- a) Briefly describe insulin pump.
 - b) Define hypoglycemia, its signs & symptoms & its management.
 - c) Briefly describe CGMS.
 - d) Oral health hazards & its prevention in Diabetic patients.
 - e) Classify antidiabetic drugs used in Diabetes Mellitus.
