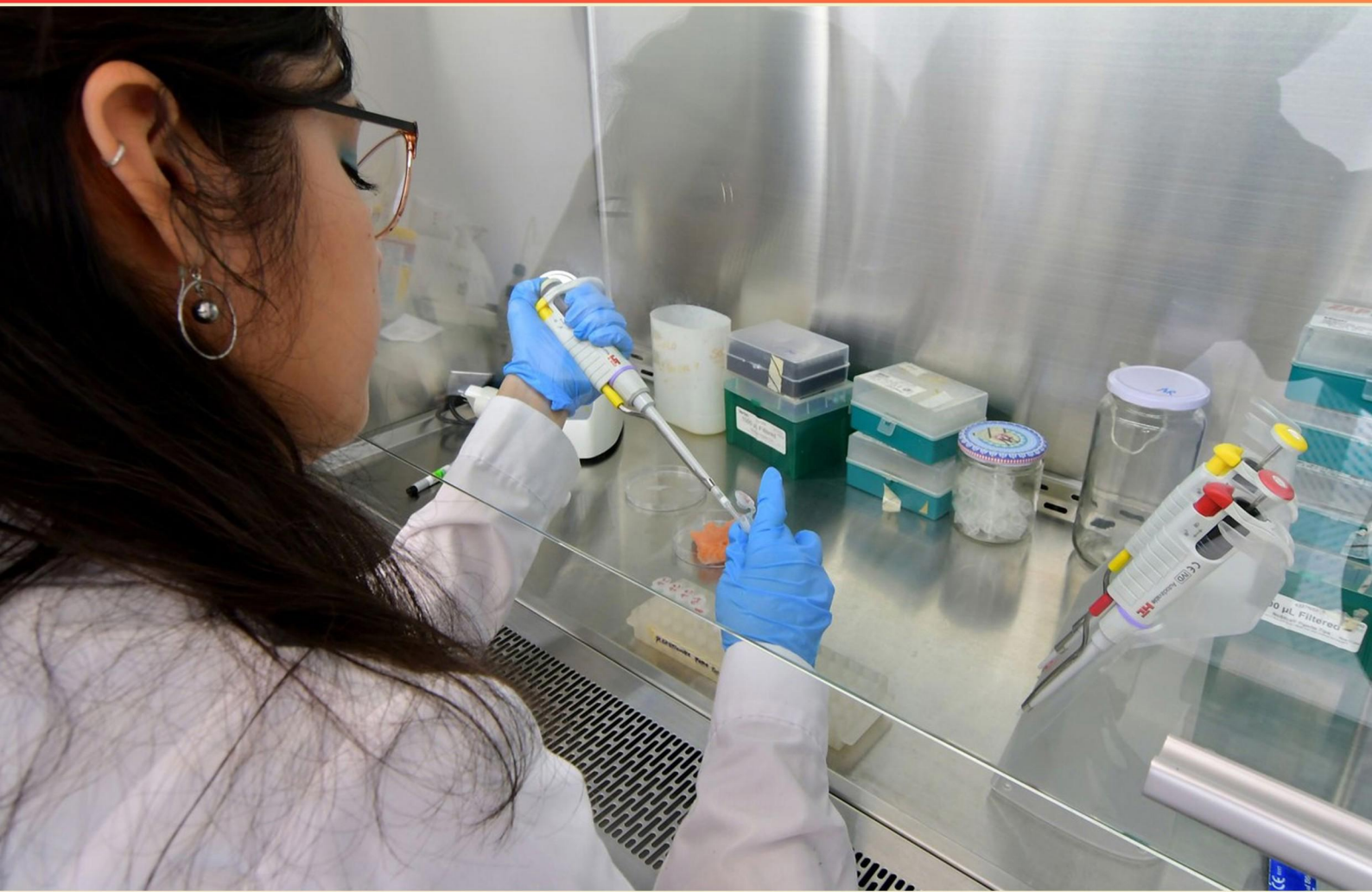


ANTITUBERCULAR DRUGS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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1. Pretomanid is used in which context?

- A. For latent TB infection.
- B. In combination regimens for highly drug-resistant TB.
- C. As monotherapy for MDR-TB.
- D. Not used in TB treatment.

2. How are antitubercular drugs classified?

- A. First and second generation
- B. Primary and secondary
- C. Major and minor
- D. Active and passive

3. Why is the duration longer for MDR-TB regimens compared to drug-susceptible TB?

- A. Because resistant strains mutate rapidly
- B. Because resistant strains require prolonged treatment with multiple second-line drugs to achieve a cure and prevent relapse
- C. Because patients are less adherent
- D. Because they have stronger immune systems

4. What is the role of imaging in TB diagnosis and management?

- A. Chest X-ray/CT assesses disease extent and extrapulmonary involvement; monitors response to therapy
- B. Imaging is only for research purposes
- C. Imaging replaces microbiology cultures
- D. Imaging is unnecessary in most cases

5. Which of the following is true regarding bedaquiline monitoring?

- A. Requires ECG QT monitoring and liver function tests
- B. No monitoring is necessary
- C. Only visual testing is required
- D. Only renal function is monitored

- 6. Pretomanid is used in combination regimens for which TB category and what is its mechanism?**
- A. MDR/XDR-TB; it inhibits mycolic acid synthesis under hypoxic conditions and generates reactive nitrogen species to kill TB.
 - B. Drug-susceptible TB; inhibits ribosomal function
 - C. Latent TB infection; inhibits DNA polymerase
 - D. MDR/XDR-TB; inhibits ATP synthase
- 7. Which drug is commonly used for TB prophylaxis after exposure?**
- A. Isoniazid
 - B. Rifampin
 - C. Pyrazinamide
 - D. Ethambutol
- 8. Why is nutrition important during TB treatment?**
- A. Supports immune function, improves tolerance to therapy, and aids recovery
 - B. Causes weight gain only
 - C. Is not important
 - D. Replaces pharmacotherapy
- 9. What is the recommended action if ethambutol-induced optic neuritis occurs during TB therapy?**
- A. Continue ethambutol and monitor vision
 - B. Stop ethambutol and switch to another effective regimen; reassess duration and regimen
 - C. Stop all TB therapy permanently
 - D. Increase ethambutol dose and continue
- 10. What is the recommended duration of isoniazid prophylaxis after TB exposure?**
- A. 1-2 weeks
 - B. 6-12 months
 - C. 1-2 years
 - D. 5 years

Answers

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1. B
2. B
3. B
4. A
5. B
6. A
7. A
8. A
9. B
10. B

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Explanations

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1. Pretomanid is used in which context?

- A. For latent TB infection.
- B. In combination regimens for highly drug-resistant TB.**
- C. As monotherapy for MDR-TB.
- D. Not used in TB treatment.

Pretomanid is used in combination regimens for highly drug-resistant TB. It is not used for latent TB infection, and it should not be used as monotherapy for MDR-TB because TB treatment relies on multiple drugs to prevent resistance and ensure effective killing of the bacteria. In practice, pretomanid is included with other drugs, most commonly bedaquiline and linezolid, as part of regimens for adults with MDR-TB or XDR-TB that have limited treatment options. This combination approach is what makes it the appropriate context among the choices.

2. How are antitubercular drugs classified?

- A. First and second generation
- B. Primary and secondary**
- C. Major and minor
- D. Active and passive

Drugs are classified by their role in treatment: primary versus secondary. Primary drugs are the first-choice agents used in the initial, standard TB regimen because they have strong bactericidal activity, good tolerability, and work well together to prevent resistance. Secondary drugs come into play when the initial regimen fails or when the strain is resistant or the patient cannot tolerate the primary drugs; these options are used for retreatment or drug-resistant TB and often have more toxicity and a narrower evidence base. This framework keeps therapy effective and helps prevent the emergence of resistance by reserving the more potent or specialized drugs for when they're really needed.

3. Why is the duration longer for MDR-TB regimens compared to drug-susceptible TB?

- A. Because resistant strains mutate rapidly
- B. Because resistant strains require prolonged treatment with multiple second-line drugs to achieve a cure and prevent relapse**
- C. Because patients are less adherent
- D. Because they have stronger immune systems

Longer therapy for MDR-TB is needed because the bacteria causing this form are resistant to the most potent first-line drugs, so the regimen cannot kill the infection as quickly or as completely. Treating MDR-TB relies on a combination of second-line drugs that have different targets, but these drugs are generally less potent and have slower bactericidal and sterilizing activity. To achieve a durable cure and prevent relapse, the course must be long enough to eradicate both actively growing bacilli and persisting dormant bacteria. Using multiple drugs in combination also helps prevent the bacteria from developing additional resistance, which is more likely if treatment is too short. While patient adherence matters, the overarching reason for the longer duration is the need to overcome resistance with a less potent drug mix and to ensure complete, lasting eradication.

4. What is the role of imaging in TB diagnosis and management?

- A. Chest X-ray/CT assesses disease extent and extrapulmonary involvement; monitors response to therapy**
- B. Imaging is only for research purposes
- C. Imaging replaces microbiology cultures
- D. Imaging is unnecessary in most cases

Imaging provides a clear map of how widespread tuberculosis is and where it has spread beyond the lungs, which is essential for planning care. A chest X-ray is usually the first step and can reveal typical TB patterns such as upper-lobe infiltrates, cavitation, and signs of pleural effusion or other complications. CT adds detail when the chest X-ray isn't enough, helping to identify mediastinal or hilar lymph node involvement and to detect extrapulmonary sites that might not show up on X-ray alone. This information guides practical decisions: where to obtain diagnostic samples to confirm TB, how to tailor treatment in complex or extrapulmonary cases, and how to anticipate potential complications. Imaging is also used to monitor how the disease responds to therapy by showing changes in lesion size or number, cavity resolution, or reduction of effusions. However, imaging alone cannot confirm TB; microbiological tests (like cultures or molecular tests) are still required for a definitive diagnosis. Also, radiographic improvement may lag behind actual bacteriologic clearance, so treatment decisions rely on microbiology and the clinical picture in addition to imaging.

5. Which of the following is true regarding bedaquiline monitoring?

- A. Requires ECG QT monitoring and liver function tests
- B. No monitoring is necessary**
- C. Only visual testing is required
- D. Only renal function is monitored

Bedaquiline has safety signals you must actively watch for: it can prolong the QT interval on the ECG and can cause liver injury. Because of the risk of dangerous arrhythmias, an ECG should be done at baseline and then periodically during treatment to monitor QTc. Liver function tests are also important, with baseline values and repeats during therapy to catch potential hepatotoxicity early. Visual testing won't reveal cardiac repolarization changes or liver injury, and focusing only on renal function misses the main risks. So, monitoring these two areas—ECG QTc and liver function tests—is essential, rather than assuming no monitoring is needed.

6. Pretomanid is used in combination regimens for which TB category and what is its mechanism?

- A. MDR/XDR-TB; it inhibits mycolic acid synthesis under hypoxic conditions and generates reactive nitrogen species to kill TB.**
- B. Drug-susceptible TB; inhibits ribosomal function
- C. Latent TB infection; inhibits DNA polymerase
- D. MDR/XDR-TB; inhibits ATP synthase

Pretomanid is used in combination regimens for drug-resistant TB, specifically MDR and XDR-TB. The key idea is that pretomanid must be activated inside the mycobacterium by nitroreductase enzymes, which leads to the production of reactive nitrogen species. These reactive species disrupt the bacterium's energy production and other vital processes, and, importantly, pretomanid also inhibits the synthesis of mycolic acids, a critical component of the mycobacterial cell wall. This dual action is especially effective under the low-oxygen, hypoxic conditions found in granulomas, where dormant bacilli reside, allowing pretomanid to kill both actively growing and non-replicating bacteria. It's not used for drug-susceptible TB, latent TB, or into mechanisms like ribosomal inhibition or DNA polymerase inhibition; and the ATP synthase inhibition used by bedaquiline is a different drug's mechanism.

7. Which drug is commonly used for TB prophylaxis after exposure?

- A. Isoniazid**
- B. Rifampin
- C. Pyrazinamide
- D. Ethambutol

Post-exposure TB prophylaxis aims to prevent a latent TB infection from progressing to active disease. The drug most commonly used for this purpose is isoniazid, given as preventive therapy after exposure to reduce the risk of developing active TB. Isoniazid works by inhibiting synthesis of mycolic acids in the mycobacterial cell wall once it is activated by the bacterial enzyme KatG, effectively suppressing latent bacteria that may have been acquired during exposure. The usual course is several months (commonly around 6 to 9 months), which has been shown to significantly cut the chance of later active TB. Because of potential liver toxicity, liver function monitoring is important, and vitamin B6 is often advised to prevent neuropathy in at-risk individuals. In some situations, rifampin can be used as an alternative for post-exposure prophylaxis (for example if isoniazid cannot be used due to intolerance or resistance issues), but isoniazid remains the standard, most widely used option in routine prophylaxis. Pyrazinamide or ethambutol are not standard choices for simple post-exposure prophylaxis.

8. Why is nutrition important during TB treatment?

- A. Supports immune function, improves tolerance to therapy, and aids recovery**
- B. Causes weight gain only
- C. Is not important
- D. Replaces pharmacotherapy

Nutrition during TB treatment provides essential support for the body as it fights infection and heals. Adequate intake supplies energy and protein for immune cells to function, helps preserve lean body mass, and supports tissue repair, all of which aid recovery. Good nutrition also helps patients tolerate therapy better by sustaining energy, reducing fatigue, and supporting organ function to handle medications and their potential side effects, which in turn can improve adherence to the regimen. Malnutrition is common with TB and is linked to slower recovery and poorer treatment outcomes, so addressing nutritional needs can directly influence the effectiveness of therapy. Nutrition cannot replace pharmacotherapy; it works alongside drugs to optimize treatment results.

9. What is the recommended action if ethambutol-induced optic neuritis occurs during TB therapy?

- A. Continue ethambutol and monitor vision
- B. Stop ethambutol and switch to another effective regimen; reassess duration and regimen**
- C. Stop all TB therapy permanently
- D. Increase ethambutol dose and continue

Ethambutol can cause optic neuritis, and this toxicity can progress to permanent vision loss if the drug is continued. The priority is to protect vision, so the correct action is to stop ethambutol immediately and switch to an alternative, effective TB regimen. This ensures you maintain TB control while removing the offending agent. After switching, the total duration and composition of therapy should be reassessed based on drug susceptibility, treatment response, and tolerability. Monitoring vision is important, and once the optic neuritis resolves, the team can decide on reintroduction of ethambutol (if still needed) or continuing with the alternative regimen. Continuing ethambutol with monitoring risks irreversible damage; stopping all TB therapy or increasing the dose would not be appropriate.

10. What is the recommended duration of isoniazid prophylaxis after TB exposure?

- A. 1-2 weeks
- B. 6-12 months**
- C. 1-2 years
- D. 5 years

Preventing progression from latent TB infection to active disease relies on giving enough time for isoniazid to eliminate dormant bacilli and for the body to control the infection. The standard approach after exposure is a prolonged course of isoniazid, typically about 6 months, with many guidelines allowing up to 9 months, and some describing a range of 6–12 months to cover different patient factors. This makes 6–12 months the best choice because it reflects the usual duration that provides effective protection while balancing adherence and risk of side effects. Short courses like 1–2 weeks are far too brief to be effective, and much longer durations (1–2 years or 5 years) are not routinely required for most exposures and would add unnecessary burden and potential toxicity.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://antituberculardrugs.examzify.com>

We wish you the very best on your exam journey. You've got this!

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