一、配合題（30 分）

請由第二欄「*藥品 II*」中，選擇與第一欄「*藥品 I*」相同藥理分類或用途的藥品，並自第三欄選擇最正確的「*藥理分類或用途*」，將其個別英文代號，按題號寫於答案卷內。

題號	藥品 I	藥品 II		藥理分類或用途	
1.	amiodarone	A.	allopurinol	a.	antiarrhythmics, group III
2.	clozapine	B.	clorazepate	b.	atypical antipsychotics
3.	cyclosporine	C.	foscarnet	c.	benzodiazepines
4.	doxepin	D.	imipramine	d.	calcineurin inhibitors
5.	escitalopram	E.	isoproterenol	e.	calcium channel blockers
6.	esomeprazole	F.	itraconazole	f.	CMV infection
7.	febuxostat	G.	nicardipine	g.	LABA
8.	formoterol	H.	pantoprazole	h.	5-nitroimidazole derivatives
9.	indapamide	I.	quetiapine	i.	PPI
10.	isradipine	J.	salmeterol	j.	SABA
11.	metronidazole	K.	sertraline	k.	SSRI
12.	midazolam	L.	sotalol	l.	thiazide diuretics
13.	salbutamol	M.	tacrolimus	m.	triazole antifungals
14.	valganciclovir	N.	tinidazole	n.	tricyclic antidepressants
15.	voriconazole	O.	trichlormethiazide	o.	xanthine oxidase inhibitors

二、是非題（20 分）

Mrs. Lee aged 63 experienced orthostasis and diarrhea after attending a meeting. She's been in good health without any complaints nor any medications other than oral ibuprofen 400 mg Q6h PRN for headache and arthritis in the past months. Laboratory data showed Hb 7.5 g/dL, Hct 25% and guaiac-positive stool. Endoscopy revealed an antral ulcer 0.5 cm. No duodenal ulcers were found.

Answer **True (O)** or **False (X)** to the following statements.

1. The laboratory data rule out Mrs. Lee has GI bleeding.
2. Ibuprofen is the cause of antral ulcer and GI bleeding.
3. NSAID-associated ulcers do not correlate well with pain and the analgesic action of ibuprofen possibly mask the epigastric pain.
4. The orthostasis is merely reflective of volume loss secondary to GI bleeding.
5. Rectal or IV administration of ibuprofen will attenuate GI damage due to the absence of direct mucosa contact.
6. Celecoxib, a COX-2 specific inhibitor, is known to respond for anti-inflammatory and analgesic effects. Therefore, Mrs. Lee could replace ibuprofen with celecoxib to treat arthritis problem.
7. If Mrs. Lee has a *H. pylori* test negative, H_2-blockers are the drug of choice for ulcer healing.
8. The proton pump inhibitor is preferred over a H_2-blocker when Mrs. Lee must continue with NSAID for management of arthritis.

見背面

三、請閱讀以下摘要並回答問題（32 分）

Role and Value of Clinical Pharmacy in Heart Failure Management

Effectively managing heart failure requires a multidisciplinary, holistic approach attuned to many factors: diagnosis of structural and functional cardiac abnormalities; medication, device, or surgical management; concomitant treatment of comorbidities; physical rehabilitation; dietary considerations; and social factors. This practice paper highlights the pharmacist's role in the management of patients with heart failure, the evidence supporting their functions, and steps to ensure the pharmacist resource is available to the broad population of patients with heart failure. Stough WG, Patterson JH. *Clin Pharmacol Ther* 2017;102:209–212.

（一）以上摘要請逐句譯成中文。（ 4 分）

（二）請列出慢性心臟衰竭主要治療藥物的藥理類別，並各類至少列舉一藥品學名。（20 分）
另外，請分別簡述各類藥物之作用、治療目標、治療地位與使用注意事項。

（三）心臟衰竭可能造成哪些生理改變而影響病人用藥之藥品動態學？（ 8 分）

四、請閱讀以下短文並回答問題（18 分）

Application of a Risk Score to Identify Older Adults with Community-onset Pneumonia Most Likely to Benefit from Empiric *Pseudomonas* Therapy

STUDY OBJECTIVES: To assess the impact of empiric *Pseudomonas* pharmacotherapy on 30-day mortality in hospitalized patients with community-onset pneumonia stratified according to their risk (low, medium, or high) of drug-resistant pathogens.

DESIGN: Retrospective cohort study.

DATA SOURCE: Veterans Health Administration database.

PATIENTS: A total of 50,119 patients who were at least 65 years of age, hospitalized with pneumonia, and received antibiotics within 48 hours of admission between fiscal years 2002 and 2007. Patients were stratified into empiric *Pseudomonas* therapy (31,027 patients) and no *Pseudomonas* therapy (19,092 patients) groups based on antibiotics received during their first 48 hours of admission.

MEASUREMENTS AND MAIN RESULTS: A clinical prediction scoring system developed in 2014 that stratifies patients with community-onset pneumonia according to their risk of drug-resistant pathogens was used to identify patients who were likely to benefit from empiric *Pseudomonas* therapy as well as those in whom antipseudomonal therapy could be spared; patients were classified into low-risk (68%), medium-risk (21%), and high-risk (11%) groups. Of the 50,119 patients, 62% received *Pseudomonas* therapy. All-cause 30-day mortality was the primary outcome. Empiric *Pseudomonas* therapy (adjusted odds ratio 0.72, 95% confidence interval 0.62–0.84) was associated with lower 30-day mortality in the high-risk group but not the low- or medium-risk groups.

CONCLUSION: Application of a risk score for patients with drug-resistant pathogens can identify patients likely to benefit from empiric *Pseudomonas* therapy. Widespread use of this score could reduce overuse of anti-*Pseudomonas* antibiotics in low- to medium-risk patients and improve survival in high-risk patients. Frei CR, Rehani S, Lee GC, et al. *Pharmacotherapy* 2017;37(2):195-203.

（一）請以中文簡要敘述此研究之目的、方法與結果。（9 分）

（二）文中所述「empiric *Pseudomonas* pharmacotherapy」包含哪些藥物或組合？（9 分）
請列舉至少三項常見類別及其藥品學名為例。

試題隨卷繳回