№ЛД-21ИН

Federal State Budgetary Educational Institution of Higher Education "North- Ossetia State Medical Academy" of the Ministry of Healthcare of the Russian Federation

Department of Internal Diseases № 3

APPROVED
by the minutes of the meeting
of the Central Coordinating
Educational and Methodological Council
"23" May 2023 № 5

THE EVALUATION MATERIALS
according to the discipline SOCIALLY SIGNIFICANT ENDOCRINE DISEASES

the main professional educational program of higher education is the specialty program in the specialty 31.05.01 General Medicine, partially implemented in English, approved on 24.05.2023.

forstudents of the Faculty of Medicine 6th year

by specialty 31.05.01 General Medicine

Reviewed and approved at the meeting of the Department
dated February 03. 2021. (Protocol № 3)

Head of the Department, MD. _____ Bestaev D. V.

Vladikavkaz 2023

STRUCTURE OF THE EVALUATION MATERIALS

1. Title page
2. The structure of the evaluation materials
3. Review of the evaluation materials
4. Passport of evaluation materials
5. *Set of* evaluation materials*:*

- questions to the module
- bank of situational tasks/practical tasks/business games
- standards of test tasks
- examination tickets /test tickets

ФЕДЕРАЛЬНОЕ ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ ОБРАЗОВАТЕЛЬНОЕ УЧРЕЖДЕНИЕ ВЫСШЕГО ОБРАЗОВАНИЯ «СЕВЕРО-ОСЕТИНСКАЯ ГОСУДАРСТВЕННАЯ МЕДИЦИНСКАЯ АКАДЕМИЯ» МИНИСТЕРСТВА ЗДРАВООХРАНЕНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ

РЕЦЕНЗИЯ

на оценочные материалы

программы учебной практики «Социально-значимые эндокринные заболевания» образовательная программа, частично реализуемая на английском языке, для лечебного факультета 6 курс

по специальности 31.05.01 Лечебное дело

Оценочные материалы составлены на кафедре **внутренних болезней № 3**

на основании рабочей программы дисциплины **«Социально-значимые эндокринные заболевания» образовательная программа, частично реализуемая на английском языке** утвержденная 24.05.2023 г. и соответствуют требованиям ФГОС 3++ «Лечебное дело»

Оценочные материалы включает в себя:

- вопросы к модулю,
- банк ситуационных задач/практических заданий/деловых игр,
- эталоны тестовых заданий (с титульным листом и оглавлением),
- экзаменационные билеты

Банк тестовых заданий включает в себя следующие элементы: тестовые задания, варианты тестовых заданий, шаблоны ответов. Все задания соответствуют рабочей программе **«Социально-значимые эндокринные заболевания» образовательная программа, частично реализуемая на английском языке** и охватывают все её разделы. Сложность заданий варьируется. Количество заданий по каждому разделу дисциплины достаточно для проведения контроля знаний и исключает многократное повторение одного и того же вопроса в различных вариантах. Банк содержит ответы ко всем тестовым заданиям и задачам.

Количество экзаменационных билетов достаточно для проведения экзамена и исключает неоднократное использование одного и того же билета во время экзамена в одной академической группе в один день. Экзаменационные билеты выполнены на бланках единого образца по стандартной форме, на бумаге одного цвета и качества. Экзаменационный билет включает в себя 3 вопроса. Формулировки вопросов совпадают с формулировками перечня вопросов, выносимых на экзамен. Содержание вопросов одного билета относится к различным разделам программы, позволяющее более полно охватить материал учебной дисциплины.

Дополнительно к теоретическим вопросам предлагается банк ситуационных задач (анализы, рецепты, рентгенограммы, электрокардиограммы и т.д.)/ практических заданий/ деловых игр. Ситуационные задачи (и др.) дают возможность объективно оценить уровень усвоения обучающимся теоретического материала при текущем контроле успеваемости, промежуточной аттестации. Сложность вопросов в экзаменационных билетах распределена равномерно.

Замечаний к рецензируемым оценочным материалам нет.

В целом, оценочные материалы по дисциплине **«Социально-значимые эндокринные заболевания» образовательная программа, частично реализуемая на английском языке** способствуют качественной оценке уровня владения обучающимися общекультурными и профессиональными компетенциями.

Рецензируемые оценочные материалы по дисциплине **«Социально-значимые эндокринные заболевания» образовательная программа, частично реализуемая на английском языке** могут быть рекомендованы к использованию для текущей и промежуточной аттестации на лечебном факультете у обучающихся 6 курса.

Рецензент:

Главный врач ГБУЗ «Поликлиника №1»
РСО-Алания З.В. Мецаева

ФЕДЕРАЛЬНОЕ ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ ОБРАЗОВАТЕЛЬНОЕ УЧРЕЖДЕНИЕ ВЫСШЕГО ОБРАЗОВАНИЯ «СЕВЕРО-ОСЕТИНСКАЯ ГОСУДАРСТВЕННАЯ МЕДИЦИНСКАЯ АКАДЕМИЯ» МИНИСТЕРСТВА ЗДРАВООХРАНЕНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ

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Рецензент:

Председатель ЦУМК
естественно-научных и математических дисциплин
с подкомиссией экспертизы оценочных материалов,
доцент кафедры химии и физики Н.И. Боциева

ВЕРНО: специалист по кадрам отдела кадров и документооборота ФГБОУ ВО СОГМА Минздрава России
____ _____ 20____ г.

ОТДЕЛ КАДРОВ И ДОКУМЕНТООБОРОТА

Passport of the evaluation materials for
Socially Significant Endocrine Diseases

№i/o	Name of the supervised section (topic) of the discipline/module	The code of the competence being formed (stage)	Name of the evaluation tool
1	2	3	4
Type of control	**Current/Intermediate**		
1.	Diagnosis and differential diagnosis of socially significant endocrine diseases (type 2 diabetes mellitus, obesity and metabolic syndrome, thyroid diseases)	EPC-4 EPC-6 EPC-7 EPC-8 PC-2 PC-3 PC-4 PC-5	test control, questions for the module, a bank of situational tasks /practical tasks / business games, tickets for the exam

*The name of the supervised section (topic) or topics (sections) of the discipline/ module is taken from the work program.

Questions about the module
Questions for module № 1

1.Obesity. Epidemiology, etiology, pathogenesis, classification.

2. Metabolic syndrome. Etiology, pathogenesis.Diagnosis and differential diagnosis of metabolic syndrome.

3. Non-drug and drug treatment of metabolic syndrome.

4. Definition, epidemiology, etiology, pathogenesis of diabetes mellitus.

5. Classification, clinical manifestations of diabetes mellitus. Diagnosis, differential diagnosis of diabetes mellitus.

8. Non-drug and drug treatment of diabetes mellitus on an outpatient basis.

9. Hyperthyroidism. Definition, etiology, pathogenesis.Clinic, diagnostics.

10. Hyperthyroidism. Differential diagnosis and treatment.

11. Hypothyroidism. Definition, etiology, pathogenesis.Clinic, diagnostics.

12. Hypothyroidism. Differential diagnosis and treatment.

13. Definition, etiology, pathogenesis of autoimmune thyroiditis.

14. Clinic, diagnosis of autoimmune thyroiditis.

15. Differential diagnosis and treatment of autoimmune thyroiditis.

The list of questions for the preparation of students of the Faculty of Medicine for the exam according to the PROGRAM OF EDUCATIONAL PRACTICE

general medical practice (fundamentals of practical training for the professional activity of a medical doctor for the provision of primary health care)

"Socially significant endocrine diseases"

1. Obesity. Epidemiology, etiology, pathogenesis, classification.
2. Metabolic syndrome. Etiology, pathogenesis.
3. Diagnosis and differential diagnosis of metabolic syndrome.
4. Non-drug and drug treatment of metabolic syndrome.
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13. Hypothyroidism. Clinic, diagnostics.
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Federal State Budgetary Educational Institution of Higher Education "North- Ossetia State Medical Academy" of the Ministry of Healthcare of the Russian Federation

Department of Internal Diseases № 3
Faculty Medical Course 6
GENERAL MEDICAL PRACTICE (fundamentals of practical training for the professional activity of a medical doctor for the provision of primary health care) **"Socially significant endocrine diseases"**

Situational task № 1

Complains of excess body weight, increased fatigue, periodic pain in the right hypochondrium, which increases after eating. Appetite is normal. He tolerates dietary restrictions well. Body weight increased significantly 5 years ago after childbirth. Developed normally.Menstruation since the age of 13, regular. Loves flour products, sweets. The father and mother are obese 1-2 art. The younger brother is obese 1 art. Objectively. Height - 168 cm, body weight - 96 kg. The deposition of subcutaneous fat is uniform. The skin is of normal color and humidity. Pulse - 78 beats per minute, rhythmic. Blood pressure is 135/80 mmHg. The left border of relative cardiac dullness in the V intercostal space is 1 cm. outside of the midclavicular line. The heart tones are weakened. Breathing is vesicular. The lower edge of the liver protrudes from under the costal arch by 2 cm, painful. The Or-tner symptom is positive. Secondary sexual characteristics are developed normally. The thyroid gland is not enlarged.

Additional research. Test with sugar load: on an empty stomach - 5.5 mmol / l, after 2 hours - 7.5 mmol / l. Questions and tasks:

1. Make and justify the diagnosis. 2. Prescribe a diet. 3. Calculate the energy value, quantitative and qualitative composition of food. 4. Determine the principles of treatment

Head of the department, dms Bestaev D.V.

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GENERAL MEDICAL PRACTICE (fundamentals of practical training for the professional activity of a medical doctor for the provision of primary health care) **"Socially significant endocrine diseases"**

Situational task № 2

Patient L., 40 years old. Complaints - headaches, visual impairment, mood swings, drowsiness, periodic hyperthermia, thirst, increased appetite, especially in the afternoon, hunger at night. Menstrual function disorders (opsomenorrhea). These complaints have arisen for 6 years for no apparent reason. Since that time, body weight has begun to increase (from 76 to 112 kg at present with a height of 168 cm). Objectively.Distribution of subcutaneous fat by upper type. There is a pasty face, hirsutism, oily seborrhea, trophic skin disorders, small pink striae on the hips, abdomen, hyperpigmentation of the neck, elbows, limpostasis of the lower extremities. BP-150/90 mm Hg. The boundaries of relative cardiac dullness: left - 1.5 cm outward from the midclavicular line, right-in the IV intercostal space 1 cm outward from the right edge of the sternum. The heart tones are sharply weakened, the accent is II over the pulmonary trunk. Breathing is vesicular, weakened. BDD - 24 per minute with periods of apnea. The abdomen is enlarged in volume, swollen. The liver protrudes from under the edge of the rib arch by 1.5 cm. The thyroid gland is not palpable. Additional studies: blood cholesterol-8.8 mmol/l, triglycerides - 2.8; 17- OXO - 20 mmol/ day.

Questions and tasks:

1. Make and justify the diagnosis.2. List the necessary additional studies.3. Define Pickwick syndrome.4. Evaluate the results of the study of triglycerides and blood cholesterol.5. Evaluate the results of the study of the daily excretion of 17-ACS.6. Determine which of the following remedies are indicated for the patient: a) cardiac glycosides; b) diuretics; c) anorexigenic drugs; d) biguanides; e) thyroid hormones; f) thyrotropin; g) prednisone; h) adiposine; i) B vitamins; k) ascorbic acid; l) retinol; m) tocopherol acetate; h) lipid-lowering agents.

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GENERAL MEDICAL PRACTICE (fundamentals of practical training for the professional activity of a medical doctor for the provision of primary health care)
"Socially significant endocrine diseases"

Situational task № 3

Patient B. 19 years old went to the doctor with complaints of severe general and muscular

weakness, drowsiness, poor appetite, dry mouth, pronounced thirst (drinks up to 6 liters per day), frequent urination, weight loss by 7 kg over the past 2 weeks.
Anamnesis:
According to the patient, these symptoms first began to be noted about 3 weeks ago, a few days after the ARVI. Glycemia at the time of treatment was 23 mmol/l. The patient was admitted to the hospital.The patient smokes up to 10 cigarettes a day. Hereditary anamnesis is not burdened.
Physical data:
On examination, the weight is 75 kg, height is 188 cm, BMI is 21.2 kg / m2.
Heart rate is 76 beats/min, blood pressure is 130/80 mm Hg, heart tones are clear, rhythmic, BPD is 17 per minute, breathing is vesicular, there are no wheezes. The abdomen is soft, painless, the liver is not enlarged.
Laboratory data:
HbA1c - 16.3%.
Biochemical blood analysis:
* creatinine - 109.8 mmol/l, eGFR - 82 ml/min/1.73 m2;
* urea — 5.2 mmol/l;
* total bilirubin - 9.3 mmol/l;
* ALT - 43 Units/l, AST - 27 Units/l, HC - 8.3 mmol/l;
* LDL — 6.1 mmol/l, TG - 4.29 mmol/l, HDL —
0.74 mmol/l;
* total protein - 64.4 mmol/l;
* Na -142 mmol/L, K - 4.1 mmol/l•
General urine analysis:
* glucose - 56 mmol/l,
* ketone bodies — 4 mmol/l.
General clinical blood test: no specifics.
Examination of the fundus by an ophthalmologist — no pathological changes were detected.

Questions:
1formulate and justify the diagnosis.
2. Suggest a plan for further examination and monitoring of the patient.
3. Determine the treatment tactics.
4. Name the types of insulin preparations, their distinctive features.

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Department of Internal Diseases № 3
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GENERAL MEDICAL PRACTICE (fundamentals of practical training for the professional activity of a medical doctor for the provision of primary health care) **"Socially significant endocrine diseases"**

Situational task № 4

Patient B. 40 years old went to the doctor with complaints of general weakness, fatigue, overweight, shortness of breath during exercise.
Anamnesis:
Mom and aunt suffer from diabetes and hypertension. The patient smokes a pack of cigarettes a day.
Physical data:
Upon examination, the general condition is satisfactory. The physique is correct hypersthenic, fat deposition according to the abdominal type. Weight - 135 kg, height - 173 cm, BMI - 45.1 kg /m2. The skin is clean, moist. Pulse - 68 beats/min, heart rate - 68 beats/min, blood pressure -170/90 mmHg, heart tones are clear, rhythmic, BDD - 18 per minute, vesicular breathing, no wheezing. The abdomen is soft, painless, the liver is not enlarged.
When examining the feet, the skin is clean, dry, all types of sensitivity are preserved. Pasty of the shins is noted.
Laboratory data:
HbA1c — 8.2%.Biochemical blood analysis: fasting glucose — 7.8 mmol/l; urea — 3.4 mmol/l; creatinine — 65.8 mmol/l, eGFR — 114 ml/min / 1.73 m2; total protein — 70 g/l; total cholesterol — 6.47 mmol/l, TG — 8.05 mmol/l; uric acid — 459 mmol/l; ALT — 36 units/l, AST — 22 Units/l; K — 4.4 mmol/l, Na — 142 mmol/l.
General clinical blood test: no specifics.
General urinalysis: protein - 1 g /l.
Biochemical analysis of urine: albumin/creatinine ratio — 24.1 mg / mmol.

Questions:
1formulate and justify the diagnosis. 2 Suggest a plan for further examination and monitoring of the patient.3 Determine the treatment tactics. 4. Name the classes of hypoglycemic drugs and possible variants of combination therapy.

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Situational task № 5

A 48-year-old woman turned to a paramedic with complaints of memory impairment, fatigue, decreased performance, drowsiness, chilliness, persistent constipation. She has been ill for 2 years.

Objectively: the temperature is 35.40 C. The general condition is satisfactory, the skin is dry, flaky. The face is edematous, amymic, the eye slits are narrow, the eyelids are swollen. The feet are edematous, no pits remain when pressed. Subcutaneous fat is excessively developed. The heart tones are muted, rhythmic, heart rate 52 per minute, blood pressure 110/70 mm Hg. The tongue is edematous, tooth prints are detected along the edges. The belly is soft, painless.

Tasks

1. Formulate and justify the presumed diagnosis.
2. Name the necessary additional studies.
3. List possible complications.
4. Determine your tactics in relation to the patient, tell us about the principles of treatment, prognosis and prevention of the disease.
5. Demonstrate the technique of thermometry.

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Benchmarks of test tasks

according to the discipline SOCIALLY SIGNIFICANT ENDOCRINE DISEASES

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for students of the Faculty of Medicine 6 th year

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Reviewed and approved at the meeting of the Department dated February 03. 2021. (Protocol № 3)

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Vladikavkaz 2023

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ENTRANCE CONTROL

1. To identify excess body weight, determine:

a) body mass index;

b) epigastric angle;

c) waist circumference;

d) hip circumference;

e) chest circumference.

2. Breathing in ketoacidotic coma:

a) rare, shallow, quiet;

b) frequent, deep;

c) deep, rare, noisy;

d) frequent, noisy, superficial;

e) superficial

3. To determine the function of the thyroid gland, the most informative are:

a) indicators of the basal metabolism;

b) ultrasound examination of the thyroid gland;

c) thyroid scan;

d) thermography;

e) the level of T3 and T4 in the blood.

4. Hypothyroidism is most characteristic of:

a) weight loss;

b) tachycardia;

c) enlargement of the thyroid gland;

d) bradycardia;

e) exophthalmos.

f) the use of hypoglycemic drugs.

5. The presence of goiter in a significant number of people living in the same region is defined as:

a) epidemic goiter;

b) endemic goiter;

c) sporadic goiter

6. The classic triad of toxic goiter is:

a) goiter, tachycardia, weight gain;

b) goiter, bradycardia, increased blood pressure;

c) goiter, exophthalmos, tachycardia;

d) goiter, paraorbital pigmentation, increased body temperature;
e) goiter, increased excitability, weight loss.

7. When complaining of dry mouth, thirst and itching in people over 40 years of age with obesity, first of all it is necessary to:

a) determine the level of bilirubin;

b) determine blood glucose;

c) determine cholesterol;

d) determine blood creatinine;

e) make an electrocardiogram.

8. An overweight 45-year-old woman with a dispensary examination revealed fasting glycemia - 9.2 mmol / l, glucosuria - 2%, acetone in the urine is negative. The patient's own brother is suffering
diabetes mellitus. Type of diabetes in the patient:

a) insulin-dependent diabetes mellitus (type II);

b) insulin-dependent diabetes mellitus (type I);

c) type 2 diabetes mellitus in young people;

d) secondary diabetes mellitus/

9. An 18-year-old boy developed thirst, polyuria, and general weakness after a viral infection. The blood sugar level is 11 mmol / l, glucosuria is 4%, acetone in the urine is positive. Type of diabetes in the patient:

a) insulin-dependent diabetes mellitus (type II);

b) insulin-dependent diabetes mellitus (type I);

c) type 2 diabetes mellitus in young people;

d) secondarydiabetesmellitus.

Tests for the module

1. Type 1 diabetes mellitus should be treated
a) only with diet therapy
b) sulfonamide preparations
c) insulin against the background of diet
therapy
d) fasting
e) biguanides

2. An 18-year-old boy after a cold developed thirst, polyuria, and general weakness. The blood sugar level is 16 mmol/ l, urine is 5%, acetone in urine is positive. Type of diabetes in the patient
a) insulin-dependent diabetes mellitus (type 1)
b) insulin-independent diabetes mellitus (type 2)
c) insulin-independent diabetes mellitus (type 2), insulin-consuming
d) secondary diabetes mellitus

3. An overweight 45-year-old woman accidentally revealed fasting glycemiaof 9.2 mmol/l, glucosuria of 3%, acetone in the urine is negative. The patient 's own brother suffers from diabetes mellitus .
Type of diabetes in patient
a) insulin-dependent diabetes mellitus (type 1)
b) insulin-independent diabetes mellitus (type 2)
c) insulin-independent diabetes mellitus (type 2), insulin-consuming
d) secondary diabetes mellitus

4. The most common cause of death in type 2 diabetes is
a) ketonemic coma
b) hyperosmolar coma

c) myocardial infarction
d) gangrene of the lower extremities
e) diabetic nephropathy

5. Treatment of ketoacidotic coma should begin with the introduction of
a) strfantin
b) isotonic solution of sodium chloride and insulin
c) calcium salts
d) norepinephrine
e) potassium salts

6. Prolonged hypoglycemia leads to irreversible damage primarily in
a) myocardium
b) peripheral nervous system
c) central nervous system
d) hepatocytes
e) striated musculature

7. Rational ratio of proteins, carbohydrates, fats in the diet of patients with type 1 diabetes mellitus
a) proteins 16%, carbohydrates 60%, fats 24%
b) proteins 25%, carbohydrates 40%, fats 35%
c) proteins 30%, carbohydrates 30%, fats 40 %
d) proteins 10%, carbohydrates 50%, fats 40%
e) proteins 40%, carbohydrates 30%, fats 30 %

8. In the diet of a diabetic patient, you can use unlimited amounts
of a) potatoes
b) cucumbers
c) butter
d) lettuce
e) milk

9. The patient is 56 years old. Suffers from insulin-independent diabetes mellitus. Diabetes is compensated by diet and taking glucorenorm. The patient will undergo surgery for calculous cholecystitis. What are the tactics of hypoclycemic therapy?
a) maintaining the previous treatment regimen
b) cancelingglucorenorm
c) prescribing multicomponent insulin preparations
d) add prednisone
e) prescribemaninil

10. The most informative differential diagnostic criterion for thyrotoxicosis and neurocirculatory dystonia is
a) iodine-absorbing function of the thyroid gland

b) indicators of basal metabolism
c) protein-bound iodine
d) the level of triiodothyronine and thyroxine in the blood
e) the content of cholesterol in the blood.

11. What treatment should be prescribed to an elderly patient with severe hypothyriosis?
a) send to a sanatorium for balneological treatment
b) start treatment with small doses of L-thyroxine
c) start treatment with high doses of L-thyroxine under the guise of glucorticoids
d) prescribe diuretics

12. What is called a "cold" node in the thyroid gland?
a) a node that absorbs a radioactive isotope in large quantities
b) a node that absorbs a radioactive isotope after stimulation with a thyroid-stimulating hormone
c) a node that absorbs a radioactive isotope in the same way as the surrounding tissue
d) ectopic thyroid tissue
e) a node that does not absorb an isotope.

13. The absolute contraindication for the use of mercazolil is
a) agranulocytosis
b) pregnancy
c) allergic reactions to iodine preparations
d) hypovolemia
e) senile age

14. List the possible causes of hypoglycemia
a) a large dose of insulin
b) there is insufficient amount of bread units in the diet
c) insufficient dose of insulin
d) alcohol intake
e) physical activity.

15. What are the symptoms characteristic of uncomplicated type 1 diabetes mellitus?
a) polyuria
b) poor wound healing
c) severe pain in the heart area
d) polydipsia
e) asthenic syndrome

16. Complications of insulin therapy include
a) hypoglycemic conditions

b) ketoacidosis
c) postinsulinlipodystrophy
d) Nobekursyndrome
e) Somojisyndrome

17. With a typical diffuse toxic goiter, the secretion of thyroid-stimulating hormone
a) is normal
b) depressed
c) elevated

18. Kidney damage specific to diabetes mellitus is called
a) Menkeberg arteriosclerosis
b) Moriac syndrome
c) Nobekursyndrome
d) Somojisyndrome
e) Kimmelstil- Wilsansyndrome

19. Which of the listed mechanisms of action are inherent in insulin?
a) strengthening of the processes of utilization, amino acids and protein synthesis
b) increasedglycogenolysis
c) inhibition of lipolysis
d) enhancement of gluconeogenesis

20. A sign of a chest goiter is
a) deviation of the trachea on the X-ray
b) dilation of the neck veins
c) shortnessof breath
d) puffiness of the face
e) all of the above

21. The presence of goiter in a significant number of people living in the same area is defined as
a) epidemic goiter
b) endemic goiter
c) sporadic goiter
d) diffuse toxic goiter

22. Erroneous administration of L-thyroxine (without indications) primarily causes:
a) menstrual cycledisorder
b) thyrotoxicosis
c) bradycardia
d) infertility
e) electrolyte shifts

23. Specify the etiological factors of type 1 diabetes mellitus
a) obesity
b) viral B-cell damage
c) injury of the pancreas
d) mental trauma
e) autoimmune lesion of the islets of Langerhans with the development of insulitis

24. Diabetic neuropathy includes
a) radiculopathy
b) polyneuropathy
c) amyotrophy
d) encephalopathy
e) all of the above

25. For diabetes mellitus
, a) thirst is typical
b) polyuria
c) hyperglycemia
d) glucosuria
e) all of the above

26. Insulin resistance can be causedby
a) infectious disease
b) pathology of insulin receptors
c) antibodies to insulin
d) all of these factors

27. If a patient with type 1 diabetes has a disease accompanied by a rise in temperature, then you should
a) cancel insulin
b) use oral hypoglycemic agents
c) reduce the daily dose of insulin
d) reduce the carbohydrate content of food
e) increase the consumed dose of insulin

28. Which hormone stimulates lipogenesis?
a) somatotropic hormone
b) adrenaline
c) glucogon
d) insulin
e) thyroxine

29. Heart damage with diffuse toxic goiter is characterized by
a) constant sinus tachycardia
b) frequent development of atrial fibrillation
c) the formation of circulatory insufficiency

d) all of the above is true

30. The main symptoms of diffuse toxic goiter are
a) fussiness and verbosity
b) weight loss and subfebrile body temperature
c) slowness and chilliness of the limbs
d) dryness and dense swelling of the skin