

## ASSESSMENT OF 30 MCQs

**FPSC NO : 28**  
**ASTHMA UPDATE 2008**  
**SUBMISSION DEADLINE : 30 SEPTEMBER 2008**

**INSTRUCTIONS**

With effect from 1st April 2008, the College is going paperless and has phased out the physical CME Answer Sheet forms.

κ To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal ([www.cfps2online.org](http://www.cfps2online.org)).

κ Attempt ALL of the following multiple choice questions.

κ There is only ONE correct answer for each question.

The answers should be submitted to the College of Family Physicians Singapore via College Online Portal ([www.cfps2online.org](http://www.cfps2online.org)) before the submission deadline stated above.

1. **The 2006 GINA guidelines have been subjected to a very significant change. What is this change?**
  - A. Classification of asthma control has superseded severity based on symptom scoring.
  - B. Assessment of severity continues to be used as an alternative to classification of asthma control.
  - C. The stepped therapy is abolished.
  - D. Omalizumab is recommended for routine use in patient with moderate severe asthma.
  - E. Asthma pharmacotherapy is organized into 6 steps.
2. **What is the standard treatment for mild persistent asthma?**
  - A. Once daily combination of fluticasone and salmeterol.
  - B. Regular use of leukotriene modifier.
  - C. Regular inhaled corticosteroids.
  - D. Regular use of theophylline.
  - E. Regular use of salbutamol.
3. **Which of the following statements about leukotriene antagonists is correct?**
  - A. It is the treatment of choice for mild persistent asthma.
  - B. It can be used as an add on to ongoing asthma controllers.
  - C. The monteleukast and salmeterol combination is more effective than inhaled steroids.
  - D. Short courses of monteleukast in intermittent asthma in adults reduced health care resource utilisation.
  - E. Monteleukast is more effective than theophylline.
4. **Which of the following about YKL-40 as a biomarker in asthma is correct?**
  - A. Levels of YKL-40 increases as FEV1 increases.
  - B. YKL-40 is absent from the serum of asthmatics.
  - C. Levels of YKL-40 increases with asthma severity.
  - D. Levels of YKL-40 decreases with increasing airway smooth muscle bulk.
  - E. YKL-40 is not useful in predicting asthma in patients.
5. **Which of the following is the most correct statement about bronchial thermoplasty?**
  - A. It is the new treatment of choice for poorly controlled asthma.
  - B. It is a method of reducing airway smooth muscle.
  - C. Radiofrequency energy is used to reduce airway smooth muscle.
  - D. It is a form of asthma control.
  - E. It is an invasive method of treating asthma.
6. **The diagnosis of paediatric asthma can be difficult because:**
  - A. paediatric asthma is adult asthma in little people.
  - B. wheezing in children is uncommon in the presence of viral infection.
  - C. there are several wheezing phenotypes in children.
  - D. history is less easily forthcoming from the child.
  - E. parents often challenge the diagnosis.
7. **A child of 2 yrs 9 months gives a history of wheezing. Which of the following suggests that asthma is the underlying cause?**
  - A. prematurity
  - B. parental smoking
  - C. transient wheezing
  - D. strong atopic background
  - E. acute viral infection
8. **Which of the following factors is not in the simple clinical index to predict the presence of asthma in later childhood?**
  - A. presence of a wheeze after the age of 5 years
  - B. parental history of asthma or eczema
  - C. eosinophilia
  - D. wheezing without colds
  - E. allergic rhinitis
9. **To be certain that the adult final height is not affected the maximum daily dose of inhaled glucocorticosteroids should be:**
  - A. 100 mcq inhaled budesonide or equivalent
  - B. 200 mcq inhaled budesonide or equivalent
  - C. 300 mcq inhaled budesonide or equivalent
  - D. 400 mcq inhaled budesonide or equivalent
  - E. 600 mcq inhaled budesonide or equivalent
10. **Which of the following statements about controller asthma medications in children is correct?**
  - A. They should be used on a as needed basis.
  - B. Oral glucocorticosteroids are the most effective controller therapy for asthma in children.
  - C. Leucotriene receptor antagonists are more beneficial for asthma compared inhaled glucocorticosteroids.
  - D. Leucotriene receptor antagonists provide total protection against exercise induced bronchoconstriction.
  - E. In children aged <5 years leucotriene receptor antagonists may reduce viral-induced asthma exacerbations.

11. **Which of the following is a feature of COPD?**
- There is typically an eosinophilic infiltration of the airway wall.
  - There is marked airway smooth muscle hypertrophy.
  - There is persistent airflow limitation after administration of a bronchodilator.
  - There is a sensitizing agent to initiate the pathophysiologic process.
  - There is minimal parenchymal involvement in the disease process.
12. **Which of the following features is NOT consistent of COPD?**
- History of smoking
  - Chronic productive cough
  - Persistent and progressive breathlessness
  - Absence of diurnal variation of symptoms
  - Presentation at age 25 years old
13. **Which of the following statements are true of COPD?**
- Serial peak flow measurement showing less than 20% diurnal variability
  - A FEV1 response of less than 400 ml to bronchodilators
  - A FEV1 response of less than 400 ml to oral prednisolone for 2 weeks
  - High resolution CT scan of the lungs showing emphysematous change and hyperinflation
  - All of the above
14. **Using a spirometer, which of the following situations would invalidate the bronchodilator reversibility testing results?**
- Patients are clinically stable and free of lung infection.
  - Patients have not taken inhaled bronchodilators or sustained release theophylline for the prescribed periods prior to the test.
  - The spirometry evaluation was done in a GP clinic.
  - The bronchodilator is given by metered dose inhaler without a spacer.
  - The dosage of beta 2 agonist used is 400mcg.
15. **Which of the following statements about the natural history of COPD is correct?**
- Exacerbations become less frequent.
  - Decline in lung function can be arrested with anti inflammatory medication.
  - In established COPD, smoking cessation and oxygen therapy can improve life expectancy.
  - At the end stages many are spared hypercapnia and respiratory failure.
  - End stage complications include hypotension and left heart failure.
16. **In the asthma control test (ACT), the maximum score is:**
- 25
  - 20
  - 15
  - 10
  - 5
17. **In bronchial asthma when should spirometry be used to assess the disease?**
- At the time of initial assessment.
  - After treatment is initiated.
  - During the period of progressive loss of asthma control.
  - At least once every 1-2 years.
  - All of the above.
18. **When would you consider long term daily PEF monitoring in a patient with asthma?**
- Intermittent asthma
  - Mild persistent asthma
  - At time of initial assessment
  - Moderately persistent asthma
  - None of the above
19. **A patient is assessed to have a ACT score of 18. What level of control of the asthma does the patient have?**
- Total control
  - Good control
  - Acceptable control
  - Poor control
  - Very poor control
20. **A 34-year-old patient with bronchial asthma is on low dose intracorticosteroid. He still experiences nocturnal symptoms once a week. What add on drug would you consider for him?**
- Omalizumab
  - Salmeterol
  - Oral corticosteroid
  - High dose inhaled corticosteroid
  - None of the above
21. **Which of the following statements about Occupational Asthma (OA) is CORRECT?**
- Occupational Asthma is under diagnosed because most physicians do not enquire about the work-relatedness of symptoms.
  - Work aggravated asthma (WAA) is asthma exacerbated by workplace exposure in an individual with a prior history of asthma.
  - 90% of OA belong to the Immunological (allergic) type characterised by latency period.
  - Reactive Airways Dysfunction Syndrome (RADS) or "irritant-induced asthma" may appear after a single exposure to high dose of irritant gas, vapor, smoke or fume.
  - All of the above.
22. **Look again. Which of the following regarding causative agents of OA is CORRECT**
- Irritant gases such as chlorine, hydrogen sulphide, ammonia and phosgene can cause Reactive Airways Dysfunction Syndrome.
  - Natural rubber latex is a Low Molecular Weight Agent.
  - Seafood protein is a Low Molecular Weight Agent.
  - Antibiotics is a High Molecular Weight Agent.
  - Flour is a Low Molecular Weight Agent.
23. **Which of the following statements in the relationship between asthma and work is true?**
- Asthma may develop after a change in a manufacturing process.
  - Failures of the workplace ventilation systems may lead to asthma.
  - Sensitisation and asthma may have resulted from previous exposure in similar job tasks.
  - New chemicals in the workplace may be associated with asthma.
  - All of the above.

24. Which of the following statements about onset of OA is CORRECT?
- A. Low Molecular Weight agents typically produce immediate reactions.
  - B. The improvement of asthmatic symptoms on weekends or vacations is typical of OA.
  - C. Rhinitis and conjunctivitis has no relation to OA.
  - D. Presence of asthma in co-workers is likely to be coincidental.
  - E. The greatest advantage of Specific inhalation challenge (SIC) is that a negative test excludes a diagnosis of OA to a specific agent.
25. Which of the following statements about management of OA is CORRECT?
- A. Pharmacological treatment of OA prevents lung function deterioration in sensitiser-induced OA even when the worker remains exposed to the causative agent.
  - B. The objective of management is to control the asthma without exposing the patient to unacceptable risk and financial hardship.
  - C. It is unacceptable to ask the worker to continue work for the same employer even in a new area with less exposure, and using respirators and medication.
  - D. Use of respirators have not been proven to allow workers with OA to continue with their jobs.
  - E. Ministry of Manpower requires all factories to conduct periodic screening of workers at risk by using spirometry, skin prick or specific antibody testing.
26. In Singapore, the majority (>80%) of children with asthma above age 4 are sensitized to:
- A. Animal hair
  - B. House dust mite
  - C. Soft toys
  - D. Peanuts
  - E. Cow's milk
27. The relevant indoor allergens in Singapore are:
- A. House dust mite
  - B. Cockroach
  - C. Animal dander
  - D. Molds
  - E. All of the above
28. Which one of the following is an effective allergen avoidance measure for house dust mite?
- A. Encasing the mattress in an allergen-impermeable cover
  - B. Washing the sheets and blankets weekly with tap water
  - C. Spraying furniture regularly with insecticide
  - D. Dusting carpets before sleeping
  - E. Avoiding the home by staying out till late
29. Which of the following statements about Allergen Immunotherapy is CORRECT?
- A. Allergen Immunotherapy is cost effective and is recommended for all patients.
  - B. Allergen Immunotherapy is safe and there is no risk of severe side effects.
  - C. Should be reserved for patients suffering from year round symptoms and not well controlled with pharmacological management.
  - D. Treatment is short term for 6 to 12 months.
  - E. Allergens are introduced via intramuscular injections.
30. Which of the following situations is likely to result in a higher risk of development of asthma?
- A. Exposure to smoking during pregnancy
  - B. Being fed on breast milk
  - C. Avoidance of cow's milk
  - D. Exposure to eggs
  - E. None of the above

FPSC No: 26 "Diabetes Mellitus Revisited" Answers to 30 MCQ Assessment					
Q1.	C	Q11.	A	Q21.	E
Q2.	D	Q12.	D	Q22.	B
Q3.	E	Q13.	D	Q23.	A
Q4.	D	Q14.	A	Q24.	D
Q5.	E	Q15.	E	Q25.	D
Q6.	A	Q16.	E	Q26.	D
Q7.	C	Q17.	C	Q27.	E
Q8.	D	Q18.	A	Q28.	C
Q9.	E	Q19.	D	Q29.	E
Q10.	B	Q20.	B	Q30.	E
Corrections: No 7. Question: which one is FALSE? No 30. Question: Which one is INCORRECT?					