

ASSESSMENT OF 30 MCQs

FPSC NO : 19
SUBMISSION DEADLINE : 20 DECEMBER 2006

INSTRUCTIONS

- κ Attempt all the following multiple choice questions.
- κ There is only one correct option for each question.
- κ Shade your choice on the given answer sheet using a **2B pencil**.
- κ The answer sheet should be sent to the College of Family Physicians Singapore for marking before the submission deadline.

1. **The asthma action plan is an important self-management tool. Which of the following is NOT its aim:**
 - A. Aborts acute exacerbations.
 - B. Prompts the patient to seek urgent hospital treatment for severe exacerbations.
 - C. Prompts the patient to seek urgent treatment for failure of self-medication.
 - D. Decreases scheduled and unscheduled visits to the doctor.
 - E. Prevents nocturnal awakening from asthma.
2. **Mr Lim has asthma. He is currently on Ventolin MDI 2 puffs prn and Pulmicort turbuhaler 400mcg bd. Despite being compliant with his medication, he still has nocturnal symptoms. What is your next best course of action:**
 - A. Add a long acting beta agonist (LABA) to his regime.
 - B. Add oral theophylline.
 - C. Put him on long term prednisolone.
 - D. Add oral salbutamol at bed time.
 - E. Add atrovent MDI.
3. **Ms Jean Tan is now 12 weeks amenorrhoea. Which of the following is NOT a complication of poorly controlled asthma in pregnancy:**
 - A. Increase perinatal death.
 - B. Increase risk of preeclampsia.
 - C. Increase preterm birth.
 - D. Increase of low birth weight infants.
 - E. Increase of congenital heart disease.
4. **Mr Sundram is on follow up by you for asthma. He has nocturnal symptoms about once a week, exacerbation once a month or less, and he has not visited the A & E department for acute asthma. According to GINA guidelines his asthma is categorised as:**
 - A. Mild intermittent asthma.
 - B. Mild persistent asthma.
 - C. Moderate persistent asthma.
 - D. Severe persistent asthma.
 - E. None of the above.
5. **With regard to the use of inhaled corticosteroid which of the following statement is CORRECT:**
 - A. It improves morbidity and mortality.
 - B. Its use should be doubled prior to exercise.
 - C. It is indicated in mild intermittent asthma.
 - D. It reduces the risk of exacerbations but not fatalities.
 - E. It reduces the risk of severe exacerbations only if given in high doses.
6. **Fluticasone is two times more potent than beclomethasone, its maximum dose per day is:**
 - A. 100 ug.
 - B. 500 ug.
 - C. 1000 ug.
 - D. 2000 ug.
 - E. 1 g.
7. **For the Gaining Optimal Control (GOAL) Study, which one of the following criteria of total control of asthma is correct:**
 - A. Normal PEFr for at least one week during the 8 weeks of study.
 - B. No acute exacerbations for every day of the 8 weeks
 - C. Symptoms free for 4 of the 8 weeks.
 - D. Only occasional night time awakenings or exacerbations.
 - E. No more than one emergency room visits for 8 weeks.
8. **In the Gaining Optimal Control (GOAL) Study, which one of the following inclusion criteria is CORRECT:**
 - A. Patients of all severity.
 - B. Patients with only severe persistent asthma.
 - C. Patients with mild persistent or mild intermittent asthma.
 - D. Patients with no night awakenings.
 - E. Patients with moderate persistent asthma.

9. In the GOAL Study, which one of the following statements is CORRECT:

- A. Exacerbation rates and improvement in health status were significantly better with no therapy.
- B. More patients achieved total control in the fluticasone group than in the combination group.
- C. More patients achieved total control in the combination group than in the group with beclomethasone alone.
- D. More patients achieved total control in the combination group than in the group with fluticasone alone.
- E. Exacerbation rates and improvement in health status were significantly better with fluticasone therapy alone.

10. In the Gaining Optimal Control (GOAL) Study, which one of the following combinations of drugs were used:

- A. Prednisolone and salbutamol.
- B. Fluticasone and salbutamol.
- C. Fluticasone and salmeterol.
- D. Salbutamol and salmeterol.
- E. Dexamethasone and salbutamol.

11. In a patient with severe persistent asthma, which one of the following is expected:

- A. Continual daytime symptoms.
- B. Night symptoms more than or equal to 5 times a month.
- C. FEV1 less than 65% expected.
- D. PEF variability 20-30 percent.
- E. None of the above.

12. Concerning the use of asthma severity as a control test, which of the following is CORRECT:

- A. Severity classification correlates with functional impairment.
- B. Mild asthma is not that mild when patients are followed up over time.
- C. Classifying asthma by severity can be done even if the patient is on treatment.
- D. Classifying asthma by severity for assessment of asthma control could still be used.
- E. None of the above.

13. In a patient with an asthma control test (ACT) of 13, what is the LEAST appropriate next step:

- A. Find out if the patient is using the medications correctly.
- B. Adjust the medications to improve control.
- C. Look for factors that could explain the poor control.
- D. Check the PEF of the patient.
- E. Refer the patient to the specialist.

14. The asthma therapy assessment questionnaire is based on which one of the following:

- A. Patient's control problems
- B. FEV1
- C. PEF variability.

- D. PEFR
- E. None of the above.

15. Based on the severity classification of asthma, for a patient with mild persistent asthma, which of the following is the most appropriate recommended therapy:

- A. As needed short acting beta-agonist.
- B. As needed short acting beta-agonist; medium dose ICS.
- C. As needed short acting beta-agonist; low dose ICS or other anti-inflammatory agent.
- D. As needed short acting beta-agonist; low dose ICS plus long-acting bronchodilator.
- E. As needed short acting beta-agonist; high dose ICS.

16. Which one of the following statements about inhaled corticosteroids is INCORRECT:

- A. Inhaled corticosteroids is the most important agent in asthma management.
- B. GINA guidelines advocate using inhaled corticosteroids regularly in all patients.
- C. Benefits of corticosteroids in reducing mortality is well documented.
- D. Combination treatment with inhaled corticosteroids and long acting beta agonists have shown benefit.
- E. Compliance with inhaled corticosteroids in mild asthmatics is low.

17. In the OPTIMA Trial, which one of the following statements is CORRECT:

- A. The aim was to test the effectiveness of intermittent use of inhaled corticosteroids in conjunction with an asthma action plan.
- B. Adding formoterol was more effective than doubling the dose of inhaled corticosteroids.
- C. Mild asthmatics not on inhaled corticosteroids were excluded from the study.
- D. Subjects not previously on inhaled corticosteroids were given fluticasone.
- E. Adding inhaled steroids in those not previously on inhaled corticosteroids made no difference.

18. About exhaled nitric oxide as a non-invasive airway inflammatory marker, which of the following statements is INCORRECT:

- A. It has been shown to be more sensitive than standard tests for asthma, especially when combined with sputum eosinophils.
- B. It is useful in monitoring management as it responds rapidly to steroids.
- C. It has also been shown to predict steroid responsiveness.
- D. Using exhaled nitric oxide to titrate the use of inhaled steroids leads to lower steroid usage.
- E. It is related to helicobacter pylori infection.

19. The following statements about airway inflammatory processes are true EXCEPT:

- A. IgE is crucial to the inflammatory process seen in allergic conditions such as asthma and allergic rhinitis.
- B. Once IgE is crosslinked with its receptors, the complex can cause the release of serotonin and trigger an immediate reaction.
- C. Omalizumab binds to the receptor-binding portion of the IgE and prevents linkage.
- D. Omalizumab is administered parenterally every 2 to 4 weeks.
- E. Treatment with Omalizumab reduced mild and severe exacerbations and improved quality of life.

20. With regards to newer modalities for the treatment of which one of the following statements is INCORRECT:

- A. Omalizumab reduces exacerbations of asthma.
- B. Anti-TNF-alpha reduces airway inflammation.
- C. Anti-TNF-alpha is currently not available.
- D. Omalizumab only binds to IgE that are in the circulation.
- E. Omalizumab reduces exacerbations of refractory asthma.

21. Which of the following is the least likely feature of COPD:

- A. Is a slowly progressive condition.
- B. Most patients are smokers.
- C. Shows little variability in symptoms.
- D. Has limited response to bronchodilators or corticosteroids.
- E. Always distinguishable from asthma.

22. Which of the following is not a pathophysiological feature of COPD:

- A. Development of emphysema causing loss of diffusing area and impairing gas exchange.
- B. Marked airway smooth muscle hypertrophy and increased bronchial vascularity.
- C. Closure of small airways leading to air trapping, hyperinflation and increase sensation of dyspnoea.
- D. Loss of lung recoil.
- E. Inflammation of the small airways with involvement of parenchyma.

23. The inflammatory response to noxious particles or gas in COPD is:

- A. Subject to genetic predisposition and shows individual variability.
- B. Dependent on stage and severity of disease.
- C. Affected by smoking status.
- D. Influenced by presence of an exacerbation.
- E. All of the above.

24. Asthma is different from COPD as it:

- A. Is an episodic disease.
- B. Often starts in childhood.
- C. Does not progress inexorably.
- D. Responds well to inhaled corticosteroid and shows good reversibility to bronchodilators.
- E. Shows all of the above.

25. The clinical benefits of Salmeterol/Fluticasone (SFC) in improving QOL, reduction of exacerbation, improvement in lung function and clear survival benefit in COPD patients was demonstrated by the:

- A. TORCH study.
- B. Dutch hypothesis.
- C. Optima trial.
- D. GOAL study.
- E. None of the above.

26. The desirable clinical outcomes to be achieved in treatment of COPD include all of the following EXCEPT:

- A. Reducing mortality.
- B. Preventing exacerbations.
- C. Unnecessary hospitalisations.
- D. Relieve of symptoms only.
- E. Preserving quality of life.

27. About acute exacerbation in COPD which ONE of the following statements is INCORRECT:

- A. Early treatment within 2-3 days of escalation of symptoms will reduce the need for admission to hospital.
- B. Patients with one or more severe acute exacerbation of COPD requiring treatment should be started either with ICS, ICS + LABA or inhaled tiotropium bromide.
- C. Use of prophylactic antibiotics has been found to prevent acute exacerbations of COPD.
- D. Acute exacerbations result in loss of pulmonary function and increased mortality.
- E. Effective prevention of Acute exacerbations of COPD is a primary goal of management plans.

28. Which of the following about antibiotic use in COPD is INCORRECT:

- A. Antibiotics is only indicated in severe acute exacerbations of COPD with frankly purulent sputum.
- B. Empiric treatment with either beta lactam or macrolide antibiotic is appropriate.
- C. Empiric use of quinolone is not recommended unless PTB can be excluded.
- D. Antibiotic treatment benefits all patients with acute exacerbations of COPD.
- E. Empiric use of quinolone has been associated with delayed diagnosis of PTB.

29. The following are true about long acting bronchodilators in COPD except:

- A. Long acting bronchodilators by inhalation are recommended as first line drug for symptomatic relief.
- B. Tiotropium bromide, a new once per day anti-cholinergic, is more convenient and may be more effective but also more costly than the LABA drugs.
- C. Oral slow release theophylline has advantage of lower cost and higher margin of safety.
- D. Examples are LABAs like formoterol or salmeterol or anti-cholinergics like tiotropium bromide.
- E. ICS may be added as disease progresses and symptoms become more severe.

30. With regard to pulmonary rehabilitation and exercise programs in COPD, which one of the following statements is INCORRECT:

- A. It is well received by Singaporeans with COPD.
- B. It improves effort tolerance.
- C. It improves QOL.
- D. It improves feeling of wellness.
- E. It reduces the duration of hospitalisation.

**Distance Learning Module – FPSC No: 18
Adult Vaccination MCQ's Answers**

Question No.	Answer	Question No.	Answer
1.	E	16.	D
2.	D	17.	B
3.	D	18.	E
4.	C	19.	A
5.	A	20.	B
6.	B	21.	C
7.	A	22.	E
8.	E	23.	D
9.	C	24.	D
10.	C	25.	C
11.	E	26.	D
12.	B	27.	B
13.	D	28.	A
14.	A	29.	C
15.	C	30.	D