

ASSESSMENT OF 15 MCQs

FPSC No : 75

MCQS ON UPDATE IN ASTHMA MANAGEMENT

Submission DEADLINE: 13 November 2018, 12 NOON

INSTRUCTIONS

- To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal (www.cfps2online.org)
- Attempt ALL the following multiple choice questions.
- There is only ONE correct answer for each question.
- The answers should be submitted to the College of Family Physicians Singapore via the College Online Portal before the submission deadline stated above.
- There will be NO further extension of the submission deadline

1. A 20 year old man presents with 6 months of intermittent dry cough. He is a non-smoker and has daily bilateral rhinitis and an occasional pruritic rash developing in the antecubital fossae whenever he eats seafood. Physical examination and chest X-ray are both normal. Personal and family history are both negative for asthma. Which of the following diagnoses is the most likely for this patient?

- Allergic bronchopulmonary aspergillosis
- Bronchial asthma
- Bronchiectasis
- Chronic Obstructive Pulmonary Disease
- Eosinophilic granulomatosis with polyangiitis

2. A 45 year old woman with a past history of intermittent asthma now presents with recurrent wheezing poorly controlled with as needed formoterol/budesonide. She also has new onset tingling and numbness in her hands and feet. She has a 20 pack-year history of tobacco smoking. Physical examination reveals a blood pressure of 150/100 mmHg, bilateral nasal polyps and polyphonic wheezing. Chest X-ray is normal. Family history is negative for asthma. Which of the following diagnoses is the most likely for this patient?

- Allergic bronchopulmonary aspergillosis
- Bronchial asthma
- Bronchiectasis
- Chronic Obstructive Pulmonary Disease
- Eosinophilic granulomatosis with polyangiitis

3. A 40 year old woman with intermittent wheezing comes for spirometry and bronchodilator reversibility testing. She was given inhaled salbutamol for symptom relief by another physician. How long should she withhold salbutamol before her test?

- At least 1h
- At least 2h
- At least 4h

- At least 8h
- At least 12h

4. A 30 year old man presents with intermittent dyspnea and cough, and is suspected to have asthma. He is instructed to do daily peak expiratory flow measurements, and his technique is verified in the clinic. Compute his diurnal variability from the following table:

Day	Reading at 8 a.m. (L/min)	Reading at 10 p.m. (L/min)
1	550	650
2	650	700
3	600	625
4	400	600
5	450	550
6	600	700
7	700	800

- 15%
- 16%
- 17%
- 19%
- 40%

5. A 60 year old man is suspected of asthma and is considered for the methacholine challenge test. Which of the following is a contraindication to testing?

- Acute myocardial infarction occurring 6 months ago with left ventricular ejection fraction of 40%.
- Stroke occurring 4 months ago with right hemiplegia
- Bilateral cataract surgery 1 year ago.
- Forced expiratory volume in one second less than

60% predicted.

- E. Chronic cough with phlegm production for the past 3 months.

6. Which of the following statements is CORRECT?

- A. The asthma mortality rate in Singapore is one of the lowest in the world.
- B. Bronchodilators are the most effective treatment for asthma.
- C. Patients with mild asthma can have life-threatening asthma attacks.
- D. Patients who report good asthma control are not likely to die from asthma.
- E. Patients who have history of intubation for asthma are not at risk of future severe life-threatening asthma attacks.

7. Which of the following statements is INCORRECT?

- A. Cough can be the only presenting complaint in patients with asthma.
- B. Asthma control should be assessed at every clinic visit.
- C. A diagnosis of asthma should be considered in patients who present recurrently with wheezing following upper respiratory tract infections.
- D. Salbutamol tablets should not be prescribed to asthmatics.
- E. Patients with stable asthma do not need follow-up

8. Which of the following can worsen asthma control?

- A. Smoking
- B. Gastro-esophageal reflux disease
- C. Obesity
- D. Certain occupational exposures
- E. All of the above

9. With regards to inhaled corticosteroids, the following statements are all true EXCEPT

- A. Inhaled corticosteroids form the cornerstone of asthma therapy.
- B. Even patients with mild asthma should be started on inhaled corticosteroid therapy.
- C. Inhaled corticosteroids should be started in a patient with persistent cough after an upper respiratory tract infection.
- D. The addition of long acting beta agonist to inhaled corticosteroids can improve asthma control and reduces the risk of future exacerbations in those who have poor control despite ICS.
- E. Patients taking inhaled corticosteroids should be advised to gargle their mouth after every use.

10. The following should be assessed at every visit:

- 1. Number of nocturnal awakenings from asthma**

symptoms.

2. Medication adherence.

3. Exacerbations since last visit.

4. Colour of sputum.

5. Inhaler technique

- A. 1, 2
- B. 1, 2, 3
- C. 1, 2, 3, 5
- D. 1, 2, 3, 4
- E. All of the above

11. Which of the following is not a core component of asthma self-management?

- A. Asthma information.
- B. Self-monitoring of asthma symptoms in conjunction with a written asthma plan to recognise and respond to worsening asthma.
- C. Skills training for effective inhaler use.
- D. Self-titration of short-acting bronchodilator and inhaled corticosteroid use according to symptoms.
- E. Adherence to clinician management strategy.

12. Asthma action plans have been shown to achieve all of the following except

- A. Reducing days off work or school.
- B. Reducing nocturnal asthma symptoms.
- C. Reducing quality of life.
- D. Reducing emergency room visits
- E. Reducing systemic corticosteroid use

13. Symptoms included in a written asthma action plan that would prompt the use of reliever therapies include all of the following except

- A. Chest tightness
- B. Breathlessness
- C. Haemoptysis
- D. Wheezing
- E. Persistent Cough

14. Which of the following is true about asthma action plans?

- A. Symptom based action plans perform as well as peak expiratory flow based action plans for all patients.
- B. Patients on maintenance high-dose inhaled corticosteroids should be provided with standby oral prednisolone.
- C. Salbutamol may be used up to a maximum of 1200 mcg per day.
- D. A decrease in peak flow to less than 50% of personal best predicts an exacerbation the next day with a sensitivity of 78% and a specificity of 99%.
- E. The red zone describes symptoms of and actions to take during loss of asthma control as evidenced by nocturnal symptoms and symptom interference of daily activities.

15. Prior studies looking at the implementation of asthma action plans shows what percentage of patients with asthma having ever received a written asthma action plan?

- A. 15%
- B. 17%
- C. 19%
- D. 25%
- E. 30%

FPSC No. 73 “Vaccinations in Adults” Answers to 30 MCQs Assessment		
1. E	11. B	21. E
2. A	12. D	22. D
3. E	13. C	23. D
4. A	14. A	24. B
5. E	15. E	25. B
6. A	16. D	26. B
7. B	17. B	27. E
8. D	18. E	28. C
9. E	19. A	29. D
10. A	20. D	30. A

FPSC No. 74 “Osteoporosis” Answers to 30 MCQs Assessment		
1. D	11. D	21. D
2. E	12. E	22. D
3. C	13. C	23. A
4. C	14. B	24. B
5. D	15. A	25. D
6. D	16. B	26. D
7. E	17. C	27. C
8. A	18. B	28. A
9. B	19. D	29. E
10. B	20. E	30. B