

ASSESSMENT OF 30 MCQs

FPSC No : 53
MCQS ON CHRONIC LUNG DISEASE
Submission DEADLINE: : 25 JUNE 2013, 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.

1. Among the top causes of death in 1990, what position did COPD occupy?
 - A. Sixth.
 - B. Fifth.
 - C. Fourth.
 - D. Third.
 - E. Second.
2. In Singapore, how many COPD patients had at least one previous hospital admission for an acute exacerbation of the disease?
 - A. One quarter.
 - B. One-third.
 - C. Half.
 - D. Two-thirds.
 - E. Three-quarters.
3. About the uptake of pulmonary rehabilitation amongst patients with COPD in Singapore, which of the following is CORRECT?
 - A. 10%.
 - B. 13%.
 - C. 16%.
 - D. 19%.
 - E. 22%.
4. Amongst patients with COPD but no smoking history, which of the following is an associated factor?
 - A. History of bacterial endocarditis.
 - B. History of pulmonary tuberculosis.
 - C. History of high blood pressure.
 - D. History of depression.
 - E. History of preeclampsia.
5. With regards to the prevalence of COPD among adults aged 40 and above, which of the following is CORRECT?
 - A. 20 to 40%.
 - B. 15 to 35%
 - C. 20 to 35%
 - D. 15 to 30%.
 - E. 8 to 26%.
6. In COPD patients with infrequent exacerbations, what is the rate of decline of FEV₁/year?
 - A. 17.1 ml.
 - B. 22.1 ml.
 - C. 27.1 ml.
 - D. 32.1 ml.
 - E. 37.1 ml.
7. In COPD patients with infrequent exacerbations, what is the rate of decline of the peak expiratory flow/year?
 - A. 2.4 L/min/year.
 - B. 1.7 L/min/year.
 - C. 1.4 L/min/year.
 - D. 0.7 L/min/year.
 - E. 0.4 L/min/year.
8. To date which of the following has been shown to alter the clinical course of COPD?
 - A. Long acting bronchodilators.
 - B. Inhaled corticosteroids.
 - C. Smoking cessation.
 - D. Pulmonary rehabilitation.
 - E. Antioxidants.

9. As a risk reduction strategy, which **ONE** of the following vaccinations should be recommended to all COPD patients besides a yearly influenza vaccination?
- Herpes zoster vaccination
 - Hemophilus influenza immunisation
 - Pneumococcal vaccination.
 - Pertussis vaccine
 - Rubella vaccine.
10. About pharmacotherapeutic agents for COPD, which of the following is a LABA that can be used as once daily medication?
- Tiotropium.
 - Roflumilast.
 - Salmaterol.
 - Formoterol.
 - Indacaterol.
11. With regards to major paradigm shift in the diagnosis and management of COPD, in which revision of the GOLD global strategy was this announced?
- 2011 revision.
 - 2010 revision.
 - 2009 revision.
 - 2008 revision.
 - 2007 revision.
12. In the symptom evaluation of a patient with COPD in order to categorise him or her for diagnosis and treatment, which of the following will be the **MOST APPROPRIATE** tool to use?
- COPD Assessment test (CAT) score.
 - Breathing Problems Questionnaire (BPQ).
 - Peak VO₂.
 - Peak expiratory flow rate.
 - BODE index.
13. In the assessment of the COPD patient for therapy, which of the following is the **BEST** combination to use to reflect the complexity and heterogeneity of the individual?
- Hospital admissions for pneumonia, airflow limitation and medication response.
 - Nocturnal symptoms, ability to work, and compliance to medications.
 - mMRC, exacerbation history, and medication response.
 - FEV₁ and medication response.
 - Symptoms, airflow limitation, and exacerbation history.
14. In a COPD categorised as Group A, which of the following therapeutic strategies is **CORRECT**?
- Long-acting beta2-agonist taken regularly.
 - Short-acting bronchodilator taken as needed.
 - Long acting antismuscarinic agent taken regularly.
 - Short-acting bronchodilator and theophylline.
 - No medication is required.
15. With regards to pharmacotherapy in COPD, which of the following is **CORRECT**?
- A trial of oral steroids is useful if in doubt.
 - Theophylline is useful because of its high efficacy and affordability.
 - Optimal and maximal bronchodilatation is the cornerstone of treatment.
 - Long-term monotherapy with oral corticosteroids is an alternative in the old patient.
 - Long-term inhaled corticosteroids (ICS) is as effective as ICS plus a LABA.
16. About the asthma-COPD overlap “syndrome”, in which of the population groups is it **MOST** common?
- Adolescents.
 - Young adult females.
 - Elderly.
 - Manual workers.
 - Patients with type 2 diabetes mellitus.
17. In a patient with COPD alone, which of the following clinical features is **LEAST LIKELY** to be present?
- People with a smoking history.
 - Slowly progressive disease.
 - Airway obstruction is partially reversible.
 - Financially needy patients.
 - Inflammatory cells taking part in the airway inflammation are eosinophils, mast cells, and CD4+ cells.
18. You have a patient whom you are preparing for a bronchodilator reversibility testing. The patient should not have taken inhaled short-acting bronchodilators for how many hours?
- 6.
 - 12.
 - 16.
 - 20.
 - 24.
19. In doing a bronchodilator reversibility testing, you intend to give an anticholinergic. What is the dosage that you will give?
- 100 mcg.
 - 160 mcg.
 - 200 mcg.
 - 320 mcg.
 - 400 mcg.

- 20. About pulmonary rehabilitation after an exacerbation in a patient with Asthma-COPD overlap syndrome, which of the following is CORRECT?**
- It is optional as there is no evidence that pulmonary rehabilitation helps.
 - It should be given 2 weeks after an exacerbation.
 - It should be given 3 weeks after an exacerbation.
 - It should be delayed for 6 weeks for the patient to be stable.
 - It should be given immediately after an exacerbation.
- 21. About the role of pulmonary rehabilitation in the COPD patient, what effects are identified and treated?**
- Social effects of the disease.
 - Emotional effects of the disease.
 - Respiratory effects of the disease.
 - Systemic effects of the disease.
 - Behavioral effects of the disease.
- 22. About the efficacy of pulmonary rehabilitation in resulting in dyspnea relief, what is the level of evidence as has been evaluated by the Global Initiative for Chronic Obstructive Lung Disease (GOLD)?**
- Evidence grade A.
 - Evidence grade B.
 - Evidence grade C.
 - Evidence grade D.
 - Evidence unknown.
- 23. About the effects of pulmonary rehabilitation after 3 months, which of the following is CORRECT?**
- No demonstrable improvement in peak VO₂.
 - No demonstrable improvement in 6 minute walking distance (6MWD).
 - No demonstrable improvement in peak VO₂ but improvement in 6MWD.
 - No demonstrable improvement in 6MWD but improvement in peak VO₂.
 - No demonstrable improvement in FEV₁.
- 24. About the gold standard measurement of exercise capacity for patients with COPD, which of the following is CORRECT?**
- FEV₁.
 - 6 Minute walking distance (6MWD).
 - Peak VO₂.
 - Chronic Respiratory Disease Questionnaire (CRQ).
 - BODE Index.
- 25. About measuring the health status of the patient with COPD, which of the following will be MOST APPROPRIATE?**
- FEV₁.
 - Spirometry.
 - Peak Expiratory Flow Rate.
 - St George's Respiratory Questionnaire (SGRQ).
 - Peak VO₂.
- 26. About the care bundle for a patient at risk of COPD, which of the following is NOT part of the care bundle?**
- Smoking prevention.
 - Advance care planning.
 - Smoking cessation.
 - Differential diagnosis.
 - Spirometric diagnosis.
- 27. In a COPD patient categorised as belonging to Group D, how often should the COPD Assessment Tool be administered?**
- 3-4 monthly.
 - 5-6 monthly.
 - 8-9 monthly.
 - 11-12 monthly.
 - As when needed.
- 28. In a COPD patient categorised as belonging to Group B, how often should a spirometric evaluation be repeated?**
- No need.
 - 18-24 monthly.
 - 12-17 monthly.
 - 9-11 monthly.
 - 5-6 monthly.
- 29. In the COPD IPC model of care implemented in JurongHealth, one of the interdependent tenets is health records. Which of the following is the BEST answer about health records?**
- Every patient has 3 records, one for medical care, one for nursing care, and one for the dietitian.
 - Every patient has 3 records, one for medical care, one for nursing care, and one for the occupational therapist.
 - Every patient has 3 records, one for medical care, one for nursing care, and one for the physiotherapist.
 - Every patient has a single health record.
 - Every patient has 2 records, one for medical care, and one for nursing care.
- 30. In the COPD ICP care model in JurongHealth, there is a scheduled telephonic contact provided for COPD patients post hospital discharge by the care manager. Which of the following scheduled arrangement is CORRECT?**
- Contact the patient 1 week post hospital discharge.
 - Contact the patient 2 weeks post hospital discharge.
 - Contact the patient 2 days and 1 week post hospital discharge.
 - Contact the patient 3 days and 1 week post hospital discharge.
 - Contact the patient 5 days and 2 weeks post hospital discharge.

FPSC No. 50
“Lifestyle Advice for Better Patient Outcomes”
Answers to 30 MCQ Assessment

1. A	11. C	21. C
2. D	12. E	22. B
3. E	13. B	23. A
4. C	14. E	24. B
5. B	15. D	25. E
6. D	16. B	26. D
7. B	17. B	27. C
8. C	18. A	28. B
9. D	19. C	29. A
10. B	20. E	30. B

FPSC No. 51
“Schizophrenia”
Answers to 30 MCQ Assessment

1. A	11. A	21. E
2. D	12. A	22. B
3. B	13. E	23. E
4. B	14. B	24. C
5. E	15. C	25. D
6. D	16. C	26. B
7. D	17. E	27. A
8. C	18. A	28. B
9. C	19. A	29. D
10. E	20. D	30. C

FPSC No. 52
“Sexual Health”
Answers to 30 MCQ Assessment

1. E	11. A	21. D
2. E	12. B	22. C
3. D	13. E	23. B
4. D	14. B	24. D
5. A	15. D	25. A
6. A	16. C	26. C
7. D	17. A	27. B
8. E	18. B	28. C
9. E	19. E	29. A
10. C	20. E	30. C