

FPSC No: 82 MCQS ON ASTHMA AND INFLAMMATION - NEW UPDATES Submission DEADLINE: 12 November 2019, 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. Which of the following types of airway inflammation is not typically seen in asthmatic patients?

- A. Eosinophilic
- B. Monocytic
- C. Mixed inflammatory
- D. Neutrophilic
- E. Pauci-granulocytic

2. Which of the following inflammatory mediators is not associated with T2-high asthma?

- A. IL-4
- B. IL-13
- C. IgE
- D. IL-10
- E. IL-5

3. Which of the following can be defined as an asthma endotype?

- A. Its causative inflammatory mechanism.
- B. The number of hospital admissions for asthma in the preceding 12 months.
- C. Severe obstructive pattern on spirometry
- D. Ability to adhere to controller asthma therapy
- E. Family history of asthma

4. Which of the following is an appropriate investigation to help evaluate the inflammatory profile of an asthmatic patient?

- A. Procalcitonin
- B. Exhaled fraction of nitric oxide
- C. Computed tomography scan of the thorax
- D. Erythrocyte sedimentation rate
- E. Exercise testing for asthma

5. Which of the following can be considered for treating neutrophilic asthma?

- A. Anti-IgE
- B. Oseltamivir
- C. Anti-IL5
- D. Nebulised saline
- E. Macrolides

6. Patient X, a 25-year-old man, had two asthma attacks a year during the flu season. In between his attacks, he claims to be completely well. He travels extensively for work and says he uses only his short acting beta agonist (SABA) infrequently. To confirm the diagnosis of mild asthma, the most appropriate option is to:

- A. Check for allergies and triggers
- B. Check for asthma control (using ACT or GINA symptom tool) and cannisters of SABA used
- C. Perform exhaled nitrous oxide
- D. Check home peak flow variability
- E. Airway hyperresponsiveness using methacholine challenge test

7. Patient X, returns four months later for an urgent nebulization, after he was started on low dose beclomethasone. He says his asthma is well controlled and he is using his preventor medications daily. He has sufficient preventor and requests for top up of Ventolin, as he “will standby one cannister each, at work, at home and at the gym”. The best course of action is:

- A. Reassess inhaler technique and increase to high dose beclomethasone.
- B. Check his asthma control using objective scores
- C. Address reasons for non-adherence and start single maintenance and reliever therapy.
- D. Refer to specialist for evaluation
- E. Check his FENO and spirometry

8. Patient X is well controlled for one year with daily moderate doses of ICS without any asthma attacks. He is keen to cut down on his medications. What is the most appropriate step?

- A. Reduce ICS maintenance therapy by 50 percent and evaluate in three months
- B. Cut to as-needed ICS-formoterol (step 1) and review in three months
- C. Explain that this is not advisable and it will increase his risk
- D. Refer to specialist for evaluation
- E. Check his FENO and spirometry

9. Patient Y, a 50-year-old man has daily symptoms of nocturnal cough, chest tightness and shortness of breath for the last two months after a “cold”. His last asthma attack was ten years ago and he is a social smoker. He was started on diclofenac (recurrent gout flares) and was on atenolol for the last five years. What is the most appropriate management?

- A. Start allopurinol
- B. Start daily ICS (GINA step 2-3)
- C. Stop atenolol
- D. A, B
- E. A, B, C

10. Patient Y returned for review after two months and says that his symptoms have not improved significantly. His technique is good and he is adherent to treatment. The most appropriate step(s) is/are:

- A. Increase to high dose ICS
- B. Check his asthma control using objective scores
- C. Add long-acting beta-agonist
- D. Refer to specialist for evaluation
- E. Check his FENO and spirometry

11. The following are contraindications of spirometry except:

- A. Recent acute myocardial infarction
- B. Ischemic heart disease
- C. Uncontrolled hypertension
- D. Pneumothorax
- E. Recent stroke

12. Before a spirometry, long acting beta-2 agonists should be withheld for:

- A. 4 hours
- B. 6 hours
- C. 8 hours
- D. 12 hours
- E. 24 hours

13. Significant bronchodilator reversibility in adults is defined as at least:

- A. an increase in FEV₁ >10% from baseline
- B. an increase in FEV₁ of >12% from baseline
- C. an increase in FEV₁ of >12% and >200 mL from baseline
- D. an increase in FVC of >12%
- E. an increase in FVC of >12% and >200 mL from baseline

14. Low FEV₁ is a strong independent risk factor of:

- A. future asthma exacerbations
- B. worsening asthma symptom score
- C. systemic steroid dependence
- D. development of chronic obstructive pulmonary disease
- E. life threatening asthma exacerbation requiring mechanical ventilation

15. The barriers to the use of spirometry in primary care include the following except:

- A. cost of spirometry to patients
- B. quality assurance of spirometry results
- C. lack of trained staff
- D. lack of confidence to interpret spirometry results
- E. lack of reference values

FPSC No. 79 “Geriatric Care – An Update” Answers to 30 MCQs Assessment		
1.D	11.D	21.E
2.E	12.A	22.D
3.B	13.D	23.C
4.C	14.B	24.E
5.C	15.D	25.B
6.E	16.A	26.C
7.C	17.E	27.C
8.B	18.D	28.D
9.E	19.B	29.C
10.C	20.A	30.D

FPSC No. 80 “Life Course Immunisation” Answers to 15 MCQs Assessment		
1.B	6.C	11.C
2.B	7.C	12.B
3.C	8.A	13.A
4.E	9.C	14.E
5.D	10.E	15.E

FPSC No. 81 “Mental Health Update” Answers to 30 MCQs Assessment		
1.B	11.A	21.D
2.A	12.B	22.A
3.D	13.E	23.C
4.E	14.C	24.B
5.C	15.D	25.E
6.B	16.D	26.E
7.B	17.C	27.B
8.D	18.C	28.A
9.C	19.D	29.C
10.D	20.E	30.C