

ASSESSMENT OF 15 MCQS

FPSC NO : 95
MCQS ON WHAT'S NEW IN ASTHMA MANAGEMENT
Submission DEADLINE: 21 September 2021, 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 statements is **CORRECT**?
 - A. The controller medication use in Singapore was the highest among eight countries in the Asia-Pacific region.
 - B. SABA is the mainstay treatment for long term asthma management.
 - C. Daily ICS-containing treatment is the most effective preventer option.
 - D. ICS-containing controller treatment to increases the risk of serious exacerbations.
 - E. GINA recommends the treatment of asthma in adults and adolescents with SABA monotherapy.

2. The following is true about **SABA EXCEPT**:
 - A. Dispensing of \geq three SABA inhalers per year is associated with a higher risk of severe exacerbations.
 - B. SABA is preferred over ICS in reducing exacerbations.
 - C. Patients with exacerbations in asthma due to SABA monotherapy are routinely managed using OCS.
 - D. Regular use of SABA, even for one–two weeks, is associated with adverse effects.
 - E. Over-reliance on SABA puts patients at an increased risk of asthma attacks.

3. Which of the following statement is **NOT true**?
 - A. Budesonide–formoterol is the only ICS/LABA approved in Singapore for the treatment of mild asthma.
 - B. 10.5% of Singaporean adults aged between 18 and 69 years are affected by asthma.
 - C. Singapore ACE Clinical Guidance (ACG) recommends the use of SABA alone (without a preventer) for the long-term treatment of patients aged \geq six years.
 - D. The annual economic burden of asthma in Singapore is SGD 2.09 billion (US\$1.50 billion).
 - E. 79% of asthma-related economic burden results from lost productivity.

4. The following are Singapore's ACE Clinical Guidance (ACG) recommendations **EXCEPT**:
 - A. SABA is recommended for short-term relief of symptoms without ICS use.
 - B. Use inhaled corticosteroids as the mainstay of long-term asthma management.
 - C. For patients aged \geq six years, do not use SABA alone (without a preventer) to treat asthma long term.
 - D. Daily ICS-containing treatment is the most effective preventer option.
 - E. Do not stop ICS treatment altogether in patients with asthma aged \geq five years.

5. The following is true about the recent **GINA 2021 Recommendation EXCEPT**:
 - A. For reliever recommendation, the current GINA report now consists of two “tracks” or reliever options.
 - B. Track 1 utilises low-dose ICS- formoterol as the preferred reliever.
 - C. Track 2, using SABA as the reliever, is suggested only as an alternative approach if track 1 is not possible or not preferred by a patient with no exacerbations on their current therapy.
 - D. Track 2 is the preferred GINA approach based on the evidence of a reduction in risk of severe exacerbations compared with using SABA reliever.
 - E. SYGMA I, SYGMA II and PRACTICAL trials prompted the GINA recommendation and the data within these trials were with budesonide-formoterol only.

6. What is the next step once a nodule is detected on a chest radiograph?
 - A. Computed Tomography scan.
 - B. Looking for calcium in the nodule.
 - C. Comparison with previous imaging studies.
 - D. Biopsy.
 - E. Discharge.

7. What is the next step if a nodule is detected on a radiograph and there are no previous imaging studies available?

- A. Biopsy.
- B. PET scan.
- C. Computed Tomography scan.
- D. Discharge if no family history of cancer.
- E. Discharge if no history of smoking.

8. What is the next step if a cavitating nodule is detected in the right upper zone on the radiograph in a 35-year-old male with no smoking history on a pre-employment health check?

- A. Memo of fitness and discharge.
- B. Test for Tuberculosis with sputum smear and Tuberculosis culture x two.
- C. Start Tuberculosis treatment while waiting for the Tuberculosis cultures.
- D. Computed Tomography scan.
- E. Give antibiotics for 1 week.

9. Lung cancer is the number one killer among all cancers in Singaporean males and the number two killer among Singaporean females. Which is the number two killer in females and how many more deaths does it cause in females every year?

- A. Breast cancer causes 100 deaths more than lung cancer in females every year in Singapore.
- B. Breast cancer causes 500 deaths more than lung cancer in females every year in Singapore.
- C. Breast cancer causes 1000 deaths more than lung cancer in females every year in Singapore.
- D. Breast cancer causes 2000 deaths more than lung cancer in females every year in Singapore.
- E. Breast cancer causes 5000 deaths more than lung cancer in females every year in Singapore.

10. Which is the most correct statement?

- A. Non-smokers hardly get lung cancer.
- B. Young (40-year-old) females hardly get lung cancer.
- C. Tuberculosis affects upper lobes whereas lung cancer affects all other lobes than upper lobes.
- D. Tuberculosis causes cavitation and lung cancer does not.
- E. Almost half of the lung cancer patients are non-smokers in Asia.

11. Which of the following is NOT a risk factor for more severe asthma outcomes?

- A. One or more exacerbations over the past year.
- B. Finishing ≥ 1 canister of short-acting β -agonist (SABA) in \leq two months.
- C. \geq two courses of oral corticosteroids (OCS) and/or using maintenance OCS therapy over the past 12 months.

- D. Use of long-acting muscarinic agonists (LAMA).
- E. History of intubation or admission to ICU because of asthma.

12. Which of the following co-morbidity can worsen asthma symptoms?

- A. Ischemic heart disease.
- B. Obesity.
- C. Pneumothorax.
- D. Migraine.
- E. Kyphoscoliosis.

13. Which of the following investigation is required for making a diagnosis of asthma?

- A. Peripheral eosinophilia.
- B. Chest X-ray.
- C. Significant bronchodilator reversibility on spirometry.
- D. Elevated total IgE.
- E. Low pulse oximetry values.

14. An asthma patient is still symptomatic despite low dose ICS-LABA. Which of the following is a suitable management option?

- A. Evaluate for suboptimal asthma treatment adherence.
- B. Refer asthma specialist for the biologic agent.
- C. Add on low dose daily oral corticosteroid.
- D. Increase SABA use to 16 puffs daily till better.
- E. Provide a course of antibiotics.

15. Which of the following is a criterion for referral to an asthma specialist?

- A. Patients needing a medium to high doses of ICS-containing treatment.
- B. Children with asthma aged 6 to 12 years.
- C. Current smokers.
- D. Patients with a recent Emergency Department visit for asthma exacerbation.
- E. Patients on ICS therapy.

Abbreviations: SABA: Short-acting beta-agonists; ICS: Inhaled corticosteroid; GINA: Global Initiative for Asthma; OCS: Oral corticosteroids; ACE: Agency for care effectiveness; SYGMA: Symbicort given as-needed in mild asthma; LABA: Long-acting beta-agonists, IgE: Immunoglobulin E; ICU: Intensive care unit; PRACTICAL: Budesonide-formoterol reliever therapy versus maintenance budesonide plus terbutaline reliever therapy in adults with mild to moderate asthma

FPSC 90 “Geriatric Care 2021 Update” Answers to 30 MCQs Assessment					
1.	E	11.	D	21.	A
2.	C	12.	A	22.	E
3.	B	13.	B	23.	D
4.	D	14.	E	24.	D
5.	D	15.	C	25.	D
6.	E	16.	E	26.	A
7.	C	17.	D	27.	B
8.	D	18.	A	28.	B
9.	E	19.	B	29.	E
10.	A	20.	A	30.	D

FPSC 91 “Osteoporosis: A Growing Primary Care Concern” Answers to 15 MCQs Assessment					
1.	E	6.	A	11.	B
2.	C	7.	B	12.	C
3.	B	8.	E	13.	D
4.	D	9.	D	14.	B
5.	E	10.	C	15.	E

FPSC 92 “Mental Health Care 2021 Update” Answers to 30 MCQs Assessment					
1.	D	11.	D	21.	E
2.	E	12.	A	22.	B
3.	A	13.	A	23.	B
4.	A	14.	D	24.	E
5.	E	15.	B	25.	D
6.	A	16.	E	26.	B
7.	D	17.	D	27.	E
8.	B	18.	E	28.	D
9.	D	19.	E	29.	E
10.	C	20.	E	30.	D

FPSC 93 “Basic Obesity Management Accreditation” Answers to 30 MCQs Assessment					
1.	D	11.	D	21.	E
2.	E	12.	A	22.	B
3.	A	13.	A	23.	B
4.	A	14.	D	24.	E
5.	E	15.	B	25.	D
6.	A	16.	E	26.	B
7.	D	17.	D	27.	E
8.	B	18.	E	28.	D
9.	D	19.	E	29.	E
10.	C	20.	E	30.	D

FPSC 94 “2021 Update: Malnutrition, Muscle Loss and Sarcopenia” Answers to 15 MCQs Assessment					
1.	A	6.	B	11.	C
2.	B	7.	B	12.	E
3.	E	8.	C	13.	E
4.	C	9.	A	14.	E
5.	D	10.	E	15.	B