

CME/CE Test Questions

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

1. **Mild-to-moderate COPD is best determined by the clinician through an evaluation of**
- clinical symptoms
 - family history of respiratory disorders
 - radiographic abnormalities
 - spirometric testing
2. **In COPD, the most powerful environmental exposure is**
- asbestos
 - noxious fumes
 - tobacco smoke
 - dust
3. **The GOLD guidelines define moderate COPD as an FEV₁ ratio of < ____ of predicted volume.**
- 40%
 - 50%
 - 75%
 - 80%
4. **The spectrum of COPD disease also includes diseases with airflow obstruction such as cystic fibrosis, bronchiolitis, and silicosis.**
- True
 - False
5. **Which of the following factors lead to expiratory airflow obstruction?**
- airway narrowing from bronchospasm
 - mucus retention
 - loss of elastic recoil due to emphysema
 - all of the above
6. **The most important etiologic factor in the development of COPD is**
- loss of lung elastic recoil
 - cigarette smoking
 - tissue damage
 - emphysema
7. **Other factors that may contribute to the development of COPD include**
- infection in early life
 - genetic predisposition
 - poor nutrition
 - asthma
 - all of the above
8. **Which of the following is NOT a systemic condition that COPD patients experience?**
- abnormal skeletal muscle
 - hypoxemia
 - PI deficiency
 - weight loss
9. **All of the following are lesions that are considered important in the development of airflow limitations EXCEPT**
- airway narrowing due to smooth muscle contraction
 - peribronchiolar fibrosis
 - accumulation of airway secretions
 - asthma
10. **The following inflammatory mediators cause further damage to the lung EXCEPT**
- absence of PIs
 - neutrophils
 - macrophages
 - elastase
11. **Which of the following situations must exist**

before any smoking-cessation program can be successful?

- a. The smoker has support and encouragement from his or her health care provider
- b. The smoker has a strong desire to stop smoking
- c. The smoker has dyspnea
- d. The smoker has set a quit date

12.

In smokers > age 20 years, the average annual decline of FEV₁ is

- a. 25 to 30 mL
- b. 30 to 40 mL
- c. 45 to 50 mL
- d. 45 to 60 mL

13.

How is COPD differentiated from asthma?

- a. The patient's age; asthma is more likely to be diagnosed in younger patients
- b. The patient's smoking status; COPD is more likely to be diagnosed in smokers
- c. In asthma the entire obstructive defect is reversed with bronchodilators
- d. Asthma patients do not benefit from pulmonary therapy

14.

All of the following treatments are recommended for COPD stages IIA and IIB EXCEPT

- a. Bronchodilators
- b. Pulmonary rehabilitation
- c. Inhaled glucocorticosteroids
- d. Oxygen therapy

15.

Why can the early stages of COPD be missed if the health care provider relies solely on the history spontaneously offered by the patient?

- a. Some patients have decreased the intensity of their activities so gradually over years that they have not noticed any change
- b. Some patients, especially if they smoke, deliberately conceal their history of breathing problems because they are embarrassed
- c. Patients assume that their abnormally diminished lung capacity is a "normal" consequence of smoking or aging

- d. Patients assume there are no treatments available for their breathing difficulties

16.

Most patients with COPD have _____ exacerbations per year.

- a. 1 to 2
- b. 3 to 5
- c. 5 to 10
- d. >10

17.

The SUPPORT investigators revealed that the 2-year mortality after acute exacerbations of COPD is ___ %.

- a. 33
- b. 40
- c. 49
- d. 80

18.

A recent study suggests sputum color plays little or no role in deciding who may benefit most from antibiotics as antimicrobial resistance increases.

- a. True
- b. False

19.

Inhaled short-acting beta-2 agonists and anticholinergics are equally effective bronchodilators and are superior to

- a. oral corticosteroids
- b. methylxanthines and older sympathomimetics
- c. ipratropium and albuterol

20.

Inhaled corticosteroids are of no benefit in the treatment of acute exacerbations of COPD.

- a. True
- b. False

21.

Which of the following statements is NOT true?

- a. About 25% of the VA's allocation goes toward health care.
- b. The VA occupies a Cabinet position in the US Government.

- c. Approximately 4 million veterans were provided services by the VA system in 2001.
- d. More than 1200 VA hospitals, clinics, nursing homes, and home-based programs exist in the United States.

22.

COPD is ____ among VA patients.

- a. successfully treated
- b. among the top diagnoses
- c. associated with more hospital readmissions and poor outcome
- d. b and c

23.

Increased rates of obstructive lung disease are seen among veterans probably because, compared with the general population, they

- a. have a higher percentage of current/former smokers.
- b. have a lower income.
- c. are older and have a lower overall health status.
- d. all of the above

24.

Which of the following might affect the clinical outcome of COPD?

- a. osteoporosis
- b. anxiety and depression
- c. gastroesophageal reflux
- d. all of above

25.

Which factors have challenged the VA's ability to continue its research goals?

- a. increasing cost of health care
- b. paucity of proficient clinicians
- c. litigious patients
- d. perception of poor VA health care
- e. all of the above

26.

Which of the following statements is NOT true?

- a. Bronchodilators are the mainstay of therapy for COPD.
- b. Anticholinergic bronchodilators have been shown to be effective in COPD because they block muscarinic receptors.
- c. Three muscarinic receptors exist: M1, M2, and M3; M3 receptors mediate bronchoconstriction and mucus secretion.
- d. Corticosteroids used alone are useful in altering the progression of uncomplicated COPD.

27.

COPD is associated with increased levels of

- a. macrophages and adhesion molecules.
- b. neutrophils and CD8+ lymphocytes.
- c. IL-16, mononuclear cells, and PDE4.
- d. all of the above

28.

TNF- α has been implicated in the inflammation component of COPD.

- a. True
- b. False

29.

Which of the following statements is true?

- a. Barbiturates have had success in inhibiting mucus secretion.
- b. NK-1 can induce mucus secretion in response to tobacco smoke or ozone exposure.
- c. The genes encoding mucin proteins have not yet been identified.
- d. None of the above

30.

Deficiency of α_1 -antitrypsin inhibitor (α_1 -protease inhibitor) is common in COPD patients.

- a. True
- b. False

CME/CE Test Answer Sheet and Evaluation Form for **CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

Volume 5 Number 1

Release Date of Activity: 1/31/03

Expiration Date of Activity for AMA/PRA credit: 1/31/05

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CME/CE TEST

(Please circle correct answers)

- | | | | | | |
|------------|--------------|-------------|-------------|---------------|-------------|
| 1. a b c d | 6. a b c d | 11. a b c d | 16. a b c d | 21. a b c d | 26. a b c d |
| 2. a b c d | 7. a b c d e | 12. a b c d | 17. a b c d | 22. a b c d | 27. a b c d |
| 3. a b c d | 8. a b c d | 13. a b c d | 18. a b | 23. a b c d | 28. a b |
| 4. a b | 9. a b c d | 14. a b c d | 19. a b c | 24. a b c d | 29. a b c d |
| 5. a b c d | 10. a b c d | 15. a b c d | 20. a b | 25. a b c d e | 30. a b |

COURSE EVALUATION: *Please rate the overall course on a scale from 1 to 5, with 1 the lowest and 5 the highest.*

- | | |
|---|-----------|
| 1. Did the material define and discuss the epidemiology, course, and prognosis of COPD? | 1 2 3 4 5 |
| 2. Did the material explain the pathogenesis of COPD? | 1 2 3 4 5 |
| 3. Did the material describe a systematic approach to the evaluation and management of the symptomatic patient? | 1 2 3 4 5 |
| 4. Did the material describe the various acute exacerbations of COPD and pharmacologic options and proper treatment measures? | 1 2 3 4 5 |
| 5. Did the material discuss the research and various treatment strategies currently being developed by the US Department of Veterans Affairs? | 1 2 3 4 5 |

6. Did the material discuss the new advances in the treatment of COPD?

7. Will the information presented in this issue be useful in your practice setting?

Yes No Comments:

8. Were the articles appropriate to the topic?

Yes No If not, which ones?

9. Did you find the information presented in this publication to be objective, balanced, and free of commercial bias?

Yes No Comments: _____

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Yes No Comments: _____

11. Did the inclusion of free CME influence whether or not you would submit this activity for CME credits?

Yes No Comments: _____

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CME Non-CME Does not matter

13. What other subject areas would you suggest for future issues?

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