

## *CME Test Questions*

# THE CURRENT AND FUTURE STATE OF ASTHMA TREATMENT

1. Asthma is a chronic inflammatory disorder of the airways that involves a host of cell types and components. All of the following are involved except \_\_\_\_\_.
  - a. mast cells
  - b. eosinophils
  - c. B-lymphocytes
  - d. neutrophils (macrophages)
  
2. Airway inflammation is a characteristic feature of asthma and the pattern of airway inflammation in asthma is quite consistent, regardless of disease severity, persistence, or duration. Inflammation of the airways gives rise to \_\_\_\_\_.
  - a. airway obstruction and edema
  - b. narrowing of the airways
  - c. airway remodeling
  - d. all of the above
  
3. In establishing a diagnosis of asthma, the clinician should determine that \_\_\_\_\_.
  - a. episodic symptoms of airflow obstruction are present
  - b. symptoms are at least partially reversible
  - c. alternative diagnoses are excluded
  - d. spirometry testing is used
  - e. all of the above
  
4. Triggers are factors that cause asthma exacerbations or that can cause symptoms to recur or persist. In addition to allergens, exercise, weather changes, and rhinitis/sinusitis, these triggers may also include \_\_\_\_\_.
  - a. environmental tobacco smoke
  - b. food additives
  - c. aspirin
  - d. all of the above
  
5. In young children and infants, assessments of severe asthma exacerbations are based on patient history and physical examination, O<sub>2</sub> saturation measurements, and breathing rates.
  - a. True
  - b. False
  
6. Reducing the impairment associated with asthma involves \_\_\_\_\_.
  - a. prevention of chronic symptoms
  - b. reduction of rescue medication use
  - c. maintenance of near-normal pulmonary function and normal physical activity
  - d. meeting the expectations of patients and their families for asthma care
  - e. all of the above
  
7. For children >5 to 11 years, the *Expert Panel Report (EPR)-3* prefers \_\_\_\_\_ for long-term management of persistent asthma.
  - a. leukotriene receptor antagonists (LTRAs)
  - b. cromolyn
  - c. theophylline
  - d. low-dose inhaled glucocorticosteroids
  
8. Inhaled administration of an aerosolized drug is frequently preferred to other routes of administration because of its ability to provide medication directly into the airways while minimizing systemic effects, often allowing for a lower dosage than would be necessary with a systemic medication. However, data suggest that inhaler devices were found to be equally effective and that selection of an inhaler should be based on all except \_\_\_\_\_.
  - a. a patient's comfort
  - b. ability to effectively use a given device
  - c. its statistical effectiveness
  
9. Long-term medications for control of asthma are typically used daily to achieve and maintain control of persistent asthma. All of the following medications are available for long-term control except \_\_\_\_\_.
  - a. glucocorticosteroids
  - b. cromolyn

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- c. short-acting  $\beta_2$ -agonists
- d. LTRAs

**10. Older adults represent another group of patients in which asthma diagnosis can be difficult, although the likelihood among these patients is \_\_\_\_\_.**

- a. overdiagnosis
- b. underdiagnosis

**11. National and worldwide guidelines for the management of asthma in children recommend \_\_\_\_\_.**

- a. first establishing a diagnosis
- b. assessing the severity of disease
- c. initiating pharmacologic therapy based on symptoms and lung function
- d. adjusting doses and agents based on the level of asthma control
- e. all of the above

**12. All of the following except \_\_\_\_\_ are important environmental risk factors for asthma in children.**

- a. indoor allergens
- b. outdoor allergens
- c. tobacco smoke
- d. occupational sensitizers

**13. Which of the following clinical indices may be predictive for asthma later in childhood?**

- a. the presence of wheeze before age 3
- b. wheezing without colds, and allergic rhinitis
- c. a history of atopy
- d. all of the above

**14. The goals of asthma management in children are to do all except \_\_\_\_\_.**

- a. control asthma symptoms
- b. decrease normal activity levels
- c. maintain pulmonary function
- d. prevent asthma exacerbations

**15. Which of the following is considered to be first-line treatment for the long-term management of asthma in children?**

- a. Leukotriene inhibitors
- b.  $\beta_2$ -Agonists
- c. Theophylline
- d. Inhaled corticosteroids (ICSs)

**16. Children 5 to 17 years of age have the highest asthma prevalence rates.**

- a. True
- b. False

**17. Risk factors for asthma include \_\_\_\_\_.**

- a. host factors
- b. gender
- c. race
- d. environmental factors
- e. all of the above

**18. With regard to a possible age-related etiology and pathogenesis, asthma as a “syndrome” may be classified as \_\_\_\_\_.**

- a. immunoglobulin E (IgE)-mediated asthma usually developing during the first 2 decades of life
- b. intrinsic asthma developing at all ages
- c. asthma associated with other chronic lung diseases
- d. intermittent wheezing with respiratory infection in infants
- e. all of the above

**19. Clinical history and examination of patients with chronic cough should include all of the following except \_\_\_\_\_.**

- a. history of smoking
- b. sinusitis
- c. upper respiratory infection
- d. angiotensin-converting enzyme (ACE) inhibitor therapy

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OF ASTHMA TREATMENT**

**20. Which of the following statements are true of ICS controller medications?**

- a. They have beneficial effects on both inflammatory and structural cells.
- b. They improve lung function.
- c. They decrease airway hyperresponsiveness.
- d. They reduce symptoms and frequency and severity of exacerbations.
- e. All of the above

# *CME Test Answer Sheet and Evaluation Form for* **THE CURRENT AND FUTURE STATE OF ASTHMA TREATMENT**

Volume 8, Number 4

**Release Date of Activity: July 2008**

**Expiration Date of Activity for AMA PRA Credit: July 31, 2010**

**Estimated Time to Complete this Activity: 6.5 hours**

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I verify that I have spent \_\_\_\_ hours/\_\_\_\_ minutes of actual time working on this CME activity.

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**PRETEST ASSESSMENT:** Please rate your current knowledge of the current and future state of the treatment of asthma on a scale of 1 to 5, with 1 being the lowest and 5 the highest. **1 2 3 4 5**

**CME TEST**

(Please circle correct answers.)

- |              |              |               |             |               |
|--------------|--------------|---------------|-------------|---------------|
| 1. a b c d   | 5. a b       | 9. a b c d    | 13. a b c d | 17. a b c d e |
| 2. a b c d   | 6. a b c d e | 10. a b       | 14. a b c d | 18. a b c d e |
| 3. a b c d e | 7. a b c d   | 11. a b c d e | 15. a b c d | 19. a b c d   |
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**COURSE EVALUATION:** Please evaluate the effectiveness of this activity by circling your choice on a scale of 1 to 5, with 1 being the lowest and 5 the highest.

- |   |                  |
|---|------------------|
| 1. How well did the material discuss the pathogenesis of asthma?  | <b>1 2 3 4 5</b> |
| 2. Did the material adequately discuss the recent modifications of the National Asthma Education and Prevention Program guidelines? | <b>1 2 3 4 5</b> |
| 3. Did the material identify the risk factors for childhood asthma?   | <b>1 2 3 4 5</b> |



4. How well did the material explain the importance of written action plans as an important part of guided self-management, which can increase medication adherence, thus reducing morbidity and mortality, conserving health care resources, and improving quality of life? **1 2 3 4 5**
5. How do you rate the overall quality of the activity? **1 2 3 4 5**
6. How do you rate the educational content of the activity? **1 2 3 4 5**
7. Was the presented information fair, objective, balanced, and free of bias in the discussion of any commercial product or service?  Yes  No  
If no, please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Suggested topics for future activities:  
\_\_\_\_\_  
\_\_\_\_\_
9. Suggested authors for future activities:  
\_\_\_\_\_  
\_\_\_\_\_
10. After reading this publication, have you decided to change one or more aspects in the treatment of your patients?  Yes  No  
If yes, what changes will you make? \_\_\_\_\_  
\_\_\_\_\_  
If no, why not? \_\_\_\_\_
11. Would you be willing to participate in postactivity follow-up surveys?  Yes  No
12. Would you be willing to participate in a phone, e-mail, or in-person discussion exploring ways to improve our CME activities?  Yes  No

*The EOCME thanks you for your participation in this CME activity. All information provided improves the scope and purpose of our programs and your patients' care.*

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(Refer to pages 3–5 for CME Information.)

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