

ASSESSMENT OF 30 MCQs

FPSC NO : 31

MCQS FOR ALLERGY IN RESPIRATORY AIRWAY DISEASE AND BEYOND

SUBMISSION DEADLINE : 31 JULY 2009

INSTRUCTIONS

- With effect from 1st April 2008, the College Assessment of 30 MCQs has gone paperless.
- 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. **It is recommended that the Asthma Control Test (ACT) be done:**
 - (A) Monthly and at each clinic visit.
 - (B) Once a year.
 - (C) Each time the patient feels unwell.
 - (D) Once a fortnight.
 - (E) None of the above.
2. **A patient is found to have an Asthma Control Test (ACT) score of 18. He claims that he has been using the inhaler regularly. He is also on Becotide inhaled steroids. What is your NEXT step?**
 - (A) Step up the dose of inhaled steroids.
 - (B) Check inhaler technique.
 - (C) Reinforce the need for adherence to medication.
 - (D) Change to a long acting beta agonist (LABA)
 - (E) Referral to an asthma specialist.
3. **Leukotriene antagonist, in comparison to other classes of drugs used in treating asthma, has a therapeutic efficacy comparable to which ONE of the following?**
 - (A) Long acting beta agonist.
 - (B) Short acting beta agonist.
 - (C) Low dose inhaled steroids.
 - (D) High dose inhaled steroids.
 - (E) Oral steroids.
4. **Which one of the following effect sizes of written asthma action plan is CORRECT?**
 - (A) Reduction in missed days of work – in one quarter to half of patients.
 - (B) Nocturnal awakening – in one fifth to two-fifths of patients.
 - (C) Prevents hospitalization – 1 in 30 patients.
 - (D) Prevents one emergency department visit – 1 in 8 patients.
 - (E) None of the above.
5. **Which of the following is the CORRECT use of oral prednisolone for an exacerbation of asthma in a medium to high risk asthma patient?**
 - (A) Prednisolone 10 mg every morning for 5-7 days.
 - (B) Prednisolone 5 mg every morning for 2 weeks.
 - (C) Alternate day prednisolone 5 mg in the morning for 2 weeks.
 - (D) Prednisolone 60 mg per day for 3 days and tailing off over a week.
 - (E) None of the above.
6. **About bronchial asthma in Singapore, which of the following statements is CORRECT?**
 - (A) Asthma is a progressive disease of worsening lung function.
 - (B) The prevalence of asthma is consistently higher in adults compared to children.
 - (C) Fewer Malay patients with asthma smoke compared to the Chinese asthma patients.
 - (D) The increase in mortality observed among Singaporean children between 5 and 14 years can be partly due to decreased compliance.
 - (E) Malay asthmatic patients have more severe disease and poorer knowledge of their disease compared to Chinese patients.
7. **Which of the following is a clinical feature of chronic obstructive pulmonary disease (COPD)?**
 - (A) Recurrent episodes of airway obstruction of varying frequency and intensity is a key feature.
 - (B) Common causes of COPD include smoking, industrial and occupational exposure.
 - (C) Mortality from COPD is increasing in Singapore.
 - (D) COPD is more prevalent in Singapore compared to bronchial asthma.
 - (E) The burden of COPD is less in Asian countries compared to Western countries, thanks to the better family support.

- 8. Which of the following is a key pathological feature of bronchial asthma?**
- Airway epithelium destruction occurs.
 - Diffusing lung capacity for carbon monoxide is typically low.
 - Neutrophils and macrophages take part in the inflammatory cascade.
 - Emphysema is a constant feature.
 - None of the above.
- 9. Which of the following is clinical feature of bronchial asthma?**
- Flattening of the diaphragm.
 - Increased retrosternal space on the chest X-ray.
 - Exhaled nitric oxide greater than 16 parts per billion.
 - Lung hyperinflation.
 - Bullae on chest CT.
- 10. In the treatment of asthma and COPD patients, which of the following statements is CORRECT?**
- Smoking cessation is important for both asthma and COPD.
 - Influenza vaccination has been shown to reduce mortality by 50% and is recommended yearly for COPD and patients with moderate to severe asthma.
 - Anticholinergics reduce COPD exacerbations.
 - Inhaled corticosteroids are useful in bronchial asthma and COPD.
 - All of the above are correct.
- 11. An abnormal reaction from the human body as a result of ingestion of food is termed food allergy if the cause is**
- A high histamine content in the food.
 - Tyramine in aged cheese.
 - An IgE or cellular mediated immunological hypersensitive reaction.
 - Excessive alcohol ingestion.
 - Caffeine in coffee.
- 12. A child with food allergy to peanuts commonly presents with urticaria and angioedema within minutes of ingesting the peanuts. Other possible symptoms and signs are**
- Itchy eyes.
 - Abdominal pain with vomiting and diarrhoea.
 - Wheezing and difficult breathing.
 - Nasal congestion and running nose.
 - All of the above.
- 13. Food allergy is mainly caused by cow's milk, hen's egg, wheat and**
- Seafood.
 - Peanuts.
 - Fish.
 - Soy.
 - Fruits or vegetables.
- 14. Certain food consumed mainly in the Asian region have resulted in unique allergy in their population not commonly recognised elsewhere. These food are royal jelly, buckweed, chick peas and**
- Chestnuts.
 - Bird's nest from swiftlets.
 - Fish.
 - Ginseng.
 - Barley.
- 15. The practical steps to diagnosing food allergy are careful history taking, physical examination, skin prick test and exclusion diet. Which of the following is also practical?**
- Test for food specific IgG.
 - Determination of food-antigen complexes in the blood.
 - Intradermal test with allergen.
 - Specific IgE determination.
 - None of the above.
- 16. The gold standard for the diagnosis of food allergy is the**
- Skin prick test.
 - Intradermal test with allergen.
 - Determination of specific IgE.
 - Exclusion diet test.
 - Double-blind placebo-controlled food challenge (DBPCFC).
- 17. Which of the following is not a feature of allergic rhinitis?**
- Sneezing.
 - Rhinorrhoea.
 - Itching of the nose.
 - Nasal blockage.
 - Facial pain or pressure.
- 18. In allergic rhinitis, ipratropium bromide is effective in controlling:**
- Nasal blockage.
 - Sneezing.
 - Itching of the nose.
 - Rhinorrhoea.
 - None of the above.
- 19. Rhinitis medicamentosa or rebound rhinitis is due to the prolonged use of:**
- Sodium cromoglycate.
 - Corticosteroids.
 - Antihistamines.
 - Nasal decongestants.
 - Anti-cholinergics.
- 20. Which of the following is a relative contraindication to immunotherapy for allergic rhinitis?**
- Pregnancy.
 - Autoimmune disease.
 - On beta-blockers.
 - Unstable coronary artery disease.
 - All of the above.

21. Which of the following is a feature of “allergic asthma”?

- (A) The bronchospasm is triggered by intrinsic allergens.
- (B) Most children with asthma are atopic and IgG sensitisation is common.
- (C) Extrinsic asthma is the predominant form of the disease among adults with late onset asthma.
- (D) Sensitisation to one or more indoor allergens carries the strongest risk factor for asthma in the population.
- (E) None of the above is correct.

22. Which of the following statements about allergic rhinitis and allergic asthma is CORRECT?

- (A) Allergic rhinitis and allergic asthma are distinct and separate entities.
- (B) Aeroallergens are responsible for asthma but not rhinitis.
- (C) Outdoor allergens, such as plant pollens and molds typically cause seasonal rhinitis.
- (D) The differentiation between seasonal and perennial patterns of disease is important in Singapore's context.
- (E) Amount of indoor allergens depend on seasonal variation.

23. The most common sensitising agent in Singapore is

- (A) House dust mite.
- (B) Carpet dust.
- (C) Cow's milk.
- (D) Cockroach fecal particles.
- (E) Pet dander.

24. Ms Tan sees you for advice about managing her symptoms of allergic rhinitis worse in the mornings. The best advice for her is to

- (A) Use vacuum cleaners with HEPA filters.
- (B) Put her pair of pet cats up for adoption.
- (C) Bath her cats regularly.
- (D) Use impermeable covers for her bedding.
- (E) Replace her carpets with hard flooring.

25. Which of the following statements about allergen exposure control is CORRECT?

- (A) Measures to control house-dust mite allergen include washing the pillow, bed sheets and blanket in hot water (55-60°C) at least once a week.
- (B) Bathing cats weekly to reduce animal dander is not effective as the allergens may return to the same levels as early as 24 hours thereafter.
- (C) Air filtration is not effective for cockroach antigens as it is heavy and does not remain airborne.
- (D) Household plants are a common reservoir for mould growth and should not be kept.
- (E) All of the above are correct.

26. Which of the following is the treatment of choice for acute exacerbations of mild intermittent asthma and for preventing exercise induced bronchospasm?

- (A) Oral salbutamol.
- (B) Inhaled short-acting beta 2 agonist bronchodilators.
- (C) Theophylline.
- (D) Anti-tussives.
- (E) Leucotriene modifiers.

27. The use of more than one canister per month of short acting beta 2 agonist bronchodilators has been associated with

- (A) Increased risk for strokes.
- (B) Decreased risk for pneumothorax.
- (C) Increased risk for death or near death from asthma.
- (D) Oral candidiasis.
- (E) Increased risk for carcinoma of the lungs.

28. Which of the following is recommended as the initial and primary therapy in patients with persistent asthma?

- (A) Inhaled salmeterol xinafoate.
- (B) Inhaled ipratropium.
- (C) Inhaled tiotropium.
- (D) Inhaled formoterol fumarate.
- (E) Inhaled corticosteroids.

29. Which of the following would achieve better asthma control and reduction in severe exacerbations when added to an asthmatic patient not well controlled with low to medium dose of inhaled corticosteroid?

- (A) Long acting beta 2 agonist bronchodilators.
- (B) Short acting beta 2 agonist bronchodilators.
- (C) Another 100% more of the inhaled corticosteroid.
- (D) Long acting anti-cholinergic bronchodilators.
- (E) Short acting anti-cholinergic bronchodilators.

30. Which of the following can alleviate symptoms, decrease exacerbations and improve exercise tolerance in COPD?

- (A) Inhaled short acting beta 2 agonists only.
- (B) Inhaled short acting anti-cholinergic agents only.
- (C) Inhaled long acting beta 2 agonists only.
- (D) Inhaled long acting anti-cholinergic agents only.
- (E) All of the above.