

Self-Assessment Test

Update on the Chronic Management of COPD: Optimizing Patient Outcomes

This program is located at <http://esymposia.ashp.org/copd07>



This self-assessment test has been provided as a study aid only. At the conclusion of the internet-based program, click on "Take CE Test" to proceed to the ASHP CE Testing Center and take the on-line program post-test. You may print your CE statement immediately after successful completion of the post-test.

There are 17 questions associated with this self-assessment test.

1. Which of the following statements is **NOT** correct?
 - a. Men have a higher prevalence of being undiagnosed than women.
 - b. As of the year 2000, the mortality of women with COPD has surpassed men.
 - c. Women are usually younger than men when diagnosed with COPD since the onset appears earlier due to the blockage of smaller pulmonary airways.
 - d. Women tend to still be in the workforce when diagnosed with COPD.

2. Which is the most meaningful metric to help diagnose COPD?
 - a. FEV1 (forced expiratory volume in 1 second)
 - b. FVC (forced vital capacity)
 - c. TLC (total lung capacity)
 - d. FEF 25-75% (forced expiratory flow 25-75%)

3. Acute exacerbations of COPD influence the natural progression of COPD EXCEPT in the following:
 - a. Slow the rate of decline in lung function.
 - b. Decrease quality of life.
 - c. Decrease survival time.
 - d. Increase health care utilization.

4. If a patient discontinues smoking,
 - a. The patient will recover FEV1 capacity comparable to a person who has never smoked.
 - b. The patient will still be at risk of developing COPD as if he/she had not stopped smoking.
 - c. The COPD risk continues on a slower rate of progression but doesn't stop the development of the disease.
 - d. There is no difference in FEV1 capacity between a smoker and non-smoker.

5. Which of the following statements is NOT correct in regards to the stages of COPD, lung function, and manifestations?



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- a. Stage I: $FEV1 \geq 80\%$ predicted, with or without chronic cough and sputum production.
 - b. Stage II: $50\% \leq FEV1 < 80\%$ predicted, chronic cough and sputum production, no dyspnea on exertion.
 - c. Stage III: $30\% \leq FEV1 < 50\%$ predicted, chronic cough and sputum production, increased dyspnea, and repeated exacerbations.
 - d. Stage IV: $FEV1 < 30\%$ predicted or $FEV1 < 50\%$ predicted plus chronic respiratory failure, signs and symptoms of chronic respiratory failure ($PaO_2 < 60$ mm Hg with or without $PaCO_2 > 50$ mm Hg), with or without signs of cor pulmonale.
6. Formoterol/arformoterol has a(n) _____ onset of action as compared to albuterol/levalbuterol but a(n) _____ duration of action.
- a. Equal, shortened
 - b. Equal, longer
 - c. Shorter, equal
 - d. Longer, equal
7. Long acting bronchodilators in COPD management
- a. Are more convenient for patients but are not more effective than short acting bronchodilators.
 - b. Should always be combined with an anti-inflammatory agent.
 - c. Can reduce exacerbation frequency.
 - d. Have shown strong evidence to support mortality benefit.
8. Which statement is accurate concerning combinations of inhaled, long-acting bronchodilators in COPD?
- a. There is a relative lack of strong clinical data but it is a recommended strategy in published guidelines.
 - b. The use of combination inhaled, long-acting bronchodilators is associated with an unexpected increase in mortality
 - c. Combination inhaled, long-acting bronchodilators is a last line of recommended treatment to reduce prednisone requirements.
 - d. There is substantial evidence from controlled clinical trials supporting the use of combination inhaled, long-acting bronchodilators in COPD.
9. Using combinations of bronchodilators may improve clinical efficacy and reduce the risk of side effects as compared with increasing the dose of a single agent.
- a. True
 - b. False



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10. Which of the following statements is NOT accurate?
 - a. If an inhaled corticosteroid (ICS) is considered, the primary outcome parameter to assess benefit would be reduction in exacerbation frequency.
 - b. The TORCH study results showed a non-significant mortality difference when using ICS in the treatment of COPD.
 - c. ICS' are currently recommended for patients with FEV1<50% and frequent exacerbations.
 - d. ICS' are considered primary therapy and should be used in most patients with chronic symptoms of COPD.

11. ICS' are associated with dose-dependent side effects and patients receiving these agents should be counseled to help minimize risks and monitored for adverse events and clinical outcomes.
 - a. True
 - b. False

12. Combination therapy with which of the following regimens has been shown to have additive effects in the prevention of an acute exacerbation?
 - a. Long acting inhaled beta agonist and an inhaled corticosteroid.
 - b. Long acting inhaled beta agonist and a phosphodiesterase inhibitor.
 - c. Short acting inhaled beta agonist and N-acetylcysteine.
 - d. Short acting inhaled beta agonist and an oral steroid.

13. Which of the following statements is NOT accurate?
 - a. Inhalation devices should be chosen based on patient specific factors.
 - b. Metered dose inhalers (MDIs) are a convenient, inexpensive, portable method of delivery inhalation therapy.
 - c. MDIs require the least amount of coordination for a patient to correctly administer each dose.
 - d. The overall dose delivery is compromised when MDIs are used with a ventilator.

14. Common errors in the use of MDIs include the following except
 - a. Too short breath-hold.
 - b. Too slow of inspiratory flow rate.
 - c. MDI in mouth, inhalation through the nose.
 - d. Inspiration without actuation.

15. Which of the following statements is NOT accurate?
 - a. When using dry-powder inhalers (DPIs) exhaling into the device may remove the dose and introduce moisture.
 - b. DPIs should be held upright or horizontally after loading the dose.



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- c. DPIs require routine disassembly and washing which can make these devices inconvenient for patients.
 - d. One advantage of using a DPI is that requires less patient coordination to deliver the dose.
16. Advantages of small volume nebulizers include all of the following EXCEPT:
- a. Little eye-hand coordination is needed to use them effectively.
 - b. Drug concentrations can be easily modified.
 - c. Effectiveness is not affected by slow inspiratory flow rates.
 - d. Performance characteristics of all nebulizers are similar.
17. Considerations for the selection of the most appropriate medication delivery device for a specific patient include
- a. Disease severity.
 - b. Patient education level.
 - c. Available formulations.
 - d. Patient understanding of the disease.



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