

## Test yourself about molecular endotypes of pediatric asthma

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### **Choose only one answer:**

1. **Regarding phenotypes of severe asthma=**
  - a. They are currently clearly defined
  - b. They are by definition independent from interaction with the environment
  - c. They typically involve multiple or grouped features (heterogenous)
  - d. They clearly point to optimal therapeutic strategies
2. **Endotypes of asthma are by definition characterised by=**
  - a. Similar disease severity
  - b. Similar ethnic group
  - c. Similar atopic status
  - d. Similar pathophysiological mechanisms
3. **Current asthma endotypes include all except=**
  - a. Traditional TH 2 Endotype
  - b. Traditional TH 1 Endotype
  - c. Mixed TH2 Endotype
  - d. Nontraditional TH 2 Endotype
- #
4. **Environmental risk factors for the development of asthma include:**
  - a. Socioeconomic status#
  - b. Allergen exposure#
  - c. Exposure to secondhand tobacco smoke at infancy#
  - d. All the above#
5. **What is the value that is measured by spirometry?**
  - a. Residual volume#
  - b. Total lung capacity#
  - c. Functional residual capacity#
  - d. Forced expiratory volume#
6. **What drug therapy should be available to ALL asthma patients (intermittent and persistent)?**
  - a. Low dose ICS#
  - b. SABA (short acting Beta agonist)
  - c. LABA (long acting Beta agonist)
  - d. Leukotriene Antagonist#
7. **What is the most appropriate place in therapy for long-acting beta-agonists?**
  - a. As monotherapy#
  - b. As rescue therapy#
  - c. In combination with ICSs#
  - d. In combination with cromolyn#
8. **Theophylline use is can be limited by which of the following?**
  - a. The need to constantly monitor serum levels#
  - b. A narrow therapeutic index#
  - c. Numerous drug and disease interactions#
  - d. All of the above#
9. **Tolerance to therapeutic effectiveness has been demonstrated by which of the following therapies?**
  - a. SABAs (short acting Beta agonists)
  - b. LABAs (long acting Beta agonists)
  - c. Cromolyn#
  - d. A & B#
10. **When can a patient expect to begin to see an improvement in asthma symptoms when using inhaled corticosteroids (ICSs)? When can they expect maximum improvement?**
  - a. 4 to 8 weeks; 1 to 3 months#
  - b. 1 to 2 weeks; 4 to 8 weeks#
  - c. 1 to 2 weeks; 6 months#
  - d. 4 to 8 weeks; 6 months#

**11. What is the appropriate dose of montelukast in patients aged 12 and older with asthma?**

- a. 5 mg/day#
- b. 4 mg/day#
- c. 10 mg /day#
- d. 20 mg/day#

**12. Omalizumab is approved for use in which of the following patients?**

- a. Chronic asthma in patients >12 years old not well controlled on long acting beta agonists (LABAs) as add on therapy
- b. Chronic asthma in patients >12 years old not well controlled on long acting beta agonists (LABAs) as substitution therapy
- c. Chronic asthma in patients >12 years old not well controlled on oral or inhaled corticosteroids as add on therapy#
- d. Chronic asthma in patients >12 years old not well controlled on oral or inhaled corticosteroids as substitution therapy

(Answers on page 35)