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. SABA s (short acting Beta agonists)
   b. LABA s (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

(A answers on page 35)