

April 2009 – Pulmonology

CPD questionnaires must be completed online via www.cpdjournals.org.za. After submission you can check the answers and print your certificate. Questions may be answered up to 6 months after publication of each issue.

RECOGNITION AND DIAGNOSIS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE

- With regard to COPD which one of the following is correct?**
 - Patients with mild COPD are usually symptomatic
 - The chest X-ray is often diagnostic
 - COPD is often under- or misdiagnosed
 - Pulmonary hyperinflation is clinically evident in early disease
 - Symptoms are intermittent.
- With regard to lung function testing which one of the following is correct?**
 - Peak expiratory flow rate measurements are useful to diagnose COPD
 - Testing for reversibility with a bronchodilator is recommended in individuals with COPD
 - Diagnostic spirometry should be performed before administering a bronchodilator
 - Where the FEV₁ and/or FVC is abnormal, a FEV₁/FVC ratio of <70% indicates airway obstruction
 - Spirometry should not be performed in an office practice.
- Which one of the following statements is correct?**
 - Most individuals with COPD can be diagnosed on history and examination alone
 - Smoking is the most important risk factor for developing COPD
 - The accurate diagnosis of COPD is not important for management
 - Asthma and COPD are seldom confused in clinical practice
 - The FEV₁ correlates closely with symptoms in COPD.

PHARMACOLOGICAL THERAPY OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE

- Which one of the following statements is not true for COPD?**
 - The predominant symptom is dyspnoea
 - Inflammation is a major component of the disease process
 - Anti-inflammatory therapy is used as first-line treatment in all patients
 - Bronchodilators form the mainstay of the treatment of patients with COPD.
- Which one of the following treatment modalities has been shown to reduce mortality in stable COPD patients?**
 - Inhaled salbutamol
 - Smoking cessation
 - Theophylline
 - Macrolide antibiotics
 - Long-acting beta₂-agonists.

COPD IS A SYSTEMIC DISEASE – THE EXTRAPULMONARY MANIFESTATIONS

- True (A) or false (B) – fill in only block A or B:**
In patients with severe COPD and body mass index lower than 25 kg/m² survival rates improve after weight gain.
- True (A) or false (B) – fill in only block A or B:**
Although gastro-oesophageal reflux is present (measured by pH) in more than 50% of COPD patients, it is often asymptomatic.

NON-PHARMACOLOGICAL MANAGEMENT OF COPD

- True (A) or false (B) – fill in only block A or B:**
Full improvements in dyspnoea and exercise capacity can be achieved with pharmacotherapy alone without exercise rehabilitation.
- True (A) or false (B) – fill in only block A or B:**
There is no point in advising smoking cessation once COPD has developed.

- True (A) or false (B) – fill in only block A or B:**
Education and psychological and nutritional assessments are part of pulmonary rehabilitation.

DIAGNOSIS AND MANAGEMENT OF ACUTE EXACERBATIONS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

- True (A) or false (B) – fill in only block A or B:**
50% to 60% of acute exacerbations of COPD are caused by infectious agents.
- True (A) or false (B) – fill in only block A or B:**
There is currently no strong evidence to support the use of long-acting bronchodilators in the treatment of exacerbations.

NOT ALL COPD IS CAUSED BY CIGARETTE SMOKING

- True (A) or false (B) – fill in only block A or B:**
There is growing evidence from large population-based studies suggesting that a significant proportion of COPD is related to occupational exposure.
- True (A) or false (B) – fill in only block A or B:**
There is currently a growing body of evidence in the form of case control and other robust studies that biomass fuel is an important risk factor in the development of COPD, especially in women in developing countries.

AIR TRAVEL AND COPD

- True (A) or false (B) – fill in only block A or B:**
The tracheal PO₂ at sea level is about 149 mmHg, but at 2 450 m, the normal cabin pressure, the tracheal PO₂ is about 108 mmHg, a decrease of about 27.5%.
- True (A) or false (B) – fill in only block A or B:**
The PaO₂ at sea level should not be below 70 mmHg if the patient is not to become dyspnoeic during a flight.

INDICATIONS FOR AND BENEFITS OF LONG-TERM OXYGEN THERAPY IN PATIENTS WITH COPD

- True (A) or false (B) – fill in only block A or B:**
Gas exchange can improve substantially following smoke cessation; therefore assessment for LTOT should be made at least 1 month after the patient has stopped smoking.
- True (A) or false (B) – fill in only block A or B:**
Individuals with COPD and less severe hypoxaemia do not derive any survival benefit from LTOT.

SECONDARY PREVENTIVE THERAPY IN SMOKING-RELATED COPD

- Choose the correct statement:**
 - Nicotine replacement therapy may be prescribed in the form of oral tablets
 - Bupropion should be avoided in patients who have a neuropsychiatric illness
 - Varenicline is a new drug which works by stimulating dopamine receptors
 - Combination therapy for smoking cessation is not advised
 - Administration of these drugs should be restricted to 12 weeks.
- True (A) or false (B) – fill in only block A or B:**
Annual influenza vaccination in patients with COPD reduces the incidence of acute exacerbations.

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