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## 2007 ANSWER SHEETS

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Thank you very much for your cooperation.  
 The CPD Management Office

True or False		
Question 1-10: Guidelines for the management of chronic asthma in adolescents and adults: Page 19-31		
	True	False
1. Asthma is chronic inflammatory condition of the airways which is usually allergic in origin causing hyperresponsive airways that constrict in response to various stimuli.		
2. Reversibility of airway obstruction is variable especially in treated patients and lung function tests must be performed repeatedly at different visits.		
3. Reversibility, diurnal variation of airway obstruction and hyperresponsiveness of airways can be measured with lung function tests.		
4. LABAs, leukotriene modifiers and slow release theophylline must always be used in combination with an inhaled corticosteroid for maintenance treatment of asthma.		
5. Salmeterol is safe for the treatment of acute asthma.		
6. SABAs may only be used as monotherapy in asthma where the PEF is = 80%, day time symptoms occur = 2 times per week and/or night time symptoms occur = 1 time per month.		
7. All chronic persistent asthma sufferers must be treated with an inhaled corticosteroid.		
8. Asthma sufferers should be encouraged to use nebulisers.		
9. Anti-inflammatory medication is preferred to LABAs and SR theophyllines for nocturnal asthma.		
10. Inhaled corticosteroids, beta-2 agonists and theophyllines are safe in pregnancy.		
Question 11-17: Reducing the risk of cardiovascular disease: Page 32-35		
11. Cardiovascular disease is the leading cause of death in women over the age of 50 years.		
12. Hypertriglyceridaemia and low HDL are more predictive of cardiovascular disease in older women than in men.		
13. More than 50% of women with cardiovascular disease may suffer from metabolic syndrome.		
14. Cardiovascular disease is best prevented with statins, antihypertensive therapy and preventing type 2 diabetes and obesity.		
15. Hormone therapy is proven to protect against cardiovascular disease and can be prescribed for this indication.		
16. The WHI and HERS studies studied the effects of HT in older patients who may already have had cardiovascular disease.		
17. Hormone therapy may protect against cardiovascular disease in younger menopausal women.		
Question 18-20: Severe asthma and acute attacks: Page 36-40		
18. Asthmatics not using inhaled corticosteroids and those using excessive short-acting inhaled $\beta_2$ stimulants are at high risk for fatal asthma.		
19. Ipratropium bromide offers no additional benefit when nebulised with other $\beta_2$ agonists in acute asthma attacks.		
20. Spacer devices attached to pressurised metered-dose inhalers (pMDIs) can improve drug delivery of ICSs to the lung.		

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