

**Allergic Rhinitis with Nonnasal Symptoms:
Intranasal Steroids Revisited Posttest
Project ID: 4908 ES 13**

*If you wish to receive acknowledgment for completing this activity,
please complete posttest and contact information and return appropriate pages to
Postgraduate Institute for Medicine via fax (303-790-4876).*

Name _____ Degree _____

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Signature _____ Date _____

To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few minutes to complete this evaluation form.

Please answer the following questions by circling the appropriate rating:

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

Extent to Which Program Activities Met the Identified Objectives

After completing this activity, I am now better able to:

- Identify the nonnasal symptoms associated with allergic rhinitis
1 2 3 4 5
- Describe action plans to improve the quality of life of patients with allergic rhinitis with nonnasal symptoms
1 2 3 4 5
- Outline the relative efficacy of available pharmacotherapies used in the management of allergic rhinitis patients with nonnasal symptoms
1 2 3 4 5

Teaching Effectiveness of the Individual Faculty Members

Speakers	Effective in Presenting the Material	Avoided Commercial Bias or Influence
Myron J. Zitt, MD	1 2 3 4 5	1 2 3 4 5

Overall Effectiveness of the Activity

The content presented:

Was timely and will influence how I practice	1	2	3	4	5
Enhanced my current knowledge base	1	2	3	4	5
Addressed my most pressing questions	1	2	3	4	5
Provided new ideas or information I expect to use	1	2	3	4	5
Addressed competencies identified by my specialty	1	2	3	4	5
Avoided commercial bias or influence	1	2	3	4	5

Impact of the Activity

Name one thing you intend to change in your practice as a result of completing this activity:

Please list any topics you would like to see addressed in future educational activities:

Additional comments about this activity:

Follow-up

As part of our continuous quality improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate if you would be willing to participate in such a survey:

- Yes, I would be interested in participating in a follow-up survey.
- No, I'm not interested in participating in a follow-up survey.

For Physicians Only

I certify my actual time spent to complete this educational activity to be:

- I participated in the entire activity and claim 2.0 credits.
- I participated in only part of the activity and claim _____ credits.

Posttest Answer Key – fill-out answers here to participate in posttest.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

1. Which of the following disorders of sleep are associated with allergic rhinitis?

- a. Increased sleep fragmentation
- b. Increased airway blockage which may lead to sleep apnea
- c. Sleep-disordered breathing
- d. Increased microarousals
- e. All of the above

2. Allergic rhinitis is often associated with which of the following non-nasal comorbidities?

- a. Conjunctivitis
- b. Sleep apnea
- c. Asthma
- d. Sinusitis
- e. All of the above

3. Which antihistamines have been designated category B?

- a. Loratadine
- b. Cetirizine
- c. Levocetirizine
- d. a, b and c
- e. None of the above

4. Which intranasal steroids have a bioavailability of $\leq 1\%$?

- a. Fluticasone propionate
- b. Mometasone furoate
- c. Fluticasone furoate
- d. Ciclesonide
- e. All of the above

5. Research on the chronobiology of allergic rhinitis indicates that sneezing and nasal congestion worsen at which of the following times?

- a. Midnight
- b. Early morning hours before breakfast
- c. Evening in bed
- d. Lunch time during afternoon
- e. None of the above

6. Which if the following statements is false regarding perennial allergic rhinitis relative to seasonal allergic rhinitis?

- a. The predominant symptom is rhinorrhea
- b. May have seasonal exacerbations
- c. Environmental control measures include confinement of pets to an uncarpeted room other than the bedroom
- d. Prominent and severe nasal congestion
- e. All of the above are true

7. Which of the following are approved for the treatment of chronic rhinosinusitis?

- a. Intranasal steroids
- b. Intranasal antihistamines
- c. Oral antihistamines
- d. None of the above
- e. All of the above

8. Which of the following statements is true regarding chronic rhinosinusitis?

- a. Eosinophilic infiltrates respond equally to steroids and antibiotics
- b. Steroids are the drugs of choice for neutrophilic infiltrates
- c. Fluticasone propionate is approved for the treatment of nasal polyposis
- d. None of the above
- e. All of the above

9. Which of the following are true about seasonal allergic rhinoconjunctivitis?

- a. Loratadine has an additive effect on patients treated with fluticasone propionate
- b. Mometasone QD is equally effective with mometasone BID in the reduction of nasal polyp grade
- c. Intranasal steroids are effective for the treatment of eye itching and eye redness but not eye tearing.
- d. All are false.

10. Compared to healthy subjects, those with perennial allergic rhinitis scored significantly worse on which of the following from the SF-36 general assessment of quality of life?

- a. Energy fatigue
- b. General health perceptions
- c. Social functioning
- d. Mental health
- e. All of the above

11. Compared to asthma patients, patients with AR had a greater quality of life score on which of the following Quality of Life dimension?

- a. Physical functioning
- b. Social functioning
- c. Energy
- d. Mental health
- e. None of the above

12. What percentage of adult AR patients have sleep disorders?

- a. 57%
- b. 88%
- c. 71%
- d. 36%
- e. None of the above

13. Patients with seasonal allergic rhinitis (SAR) when compared to healthy subjects were found to have significantly poorer health status using the Rhinoconjunctivitis Quality-of-Life Questionnaire (RQLQ) questionnaire on which of the following dimensions?

- a. Sleep
- b. Emotions
- c. Activities
- d. Overall quality of life
- e. All of the above

14. Which of the following is not correct regarding the advantages of second generation anti-histamines relative to first generation anti-histamines?

- a. Possess increased H1 receptor selectivity
- b. Fewer anticholinergic/antiserotonergic side effects
- c. More readily cross the blood-brain barrier
- d. Result in less sedation
- e. None of the above

15. Which of the following statements are correct?

- a. Evidence suggests that intranasal steroids are the most effective drugs for the treatment of allergic rhinitis and its nonnasal symptoms
- b. Intranasal steroids treat all 4 major symptoms of allergic rhinitis including rhinorrhea, itching, sneezing and nasal congestion
- c. First-generation antihistamines have significant sedative and anti-muscarinic side effects
- d. Second-generation antihistamines are effective in treating rhinorrhea, itching, and sneezing but are less effective for nasal congestion
- e. All of the above

16. Intranasal steroids have broad anti-inflammatory properties including which of the following?

- a. Reduction of inflammatory cells
- b. Reduction of pro-inflammatory cytokines
- c. Reduction of NFκB and AP1 (transcription factors)
- d. Reduction of antigen-presenting cells
- e. All of the above