

# Position Paper on Nasal Obstruction: Evaluation and Treatment

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## CME Items

- Select the correct option
  - Direct measurements allow us to know the prevalence of nasal obstruction, which is estimated to affect around 10% of the population.
  - The middle turbinate is the main area offering resistance to airflow in the nasal passages.
  - Local anesthesia inhibits periodic unilateral engorgement of the mucosa, which causes the obstruction that is characteristic of the nasal cycle.
  - The neural mechanisms that control vascular flow and nasal congestion are well known and explain most nasal obstructions.
  - Nasal obstruction affects a greater proportion of patients with nonallergic rhinopathy than patients with allergic rhinitis.
- In which type of nasal obstruction does greater mucous inflammation with edema and associated secretions appear?
  - Turbinate hypertrophy
  - Septal deviation
  - Allergic rhinitis and chronic rhinosinusitis
  - Adenoid hypertrophy
  - Granulomatous polyangiitis
- Which of the following is used to explore Cottle area 2?
  - Bachmann maneuver
  - Pharyngoscopy
  - Posterior rhinoscopy
  - Anterior rhinoscopy
  - Cottle maneuver
- Which of the following is true with respect to assessment of nasal obstruction?
  - Nasal obstruction can be assessed subjectively using validated scales or questionnaires.
  - The visual analog scale is the most widely used and studied tool in clinical practice and in research.
  - Questionnaires can measure the impact of nasal obstruction on quality of life.
  - Scales and questionnaires can be correlated with objective methods, such as nasal endoscopy and acoustic rhinometry, which are better for assessing the degree of involvement of the patient.
  - All are correct.
- Select the correct answer
  - PNIF is the easiest and least expensive permeability test.
  - Posterior passive rhinomanometry is the technique of choice in daily clinical practice.
  - Acoustic rhinometry is carried out while the patient breathes slowly and calmly.
  - In 90% of cases, the minimum transverse area in acoustic rhinometry is in the first few centimeters of the nasal fossa.
  - All of the above answers are correct.
- Which of the following statements is false with respect to the correlation between subjective and objective methods for evaluating nasal obstruction?
  - There is a moderate to weak correlation between objective methods.
  - There is a moderate to strong correlation between subjective methods.
  - There is a strong correlation between subjective and objective methods.
  - There is a weak correlation between subjective and objective methods.
- Which of the following statements is true?
  - There are no specific questionnaires for measuring nasal obstruction.
  - Nasal obstruction is a symptom that affects the sleep quality of patients with allergic rhinitis.
  - In chronic rhinosinusitis, nasal obstruction is the symptom that contributes most to the deterioration of QOL.
  - Presenteeism in diabetic patients is higher than in patients with allergic rhinitis.
  - In allergic rhinitis, direct costs are greater than indirect costs.
- With respect to the greater pharmacological efficacy (>) in nasal obstruction in the treatment of a patient with allergic or nonallergic rhinitis, which of the following options is true?
  - Oral antihistamines > nasal decongestants > intranasal corticosteroids.
  - Chromones > intranasal corticosteroids > oral antihistamines.
  - Intranasal decongestants > intranasal ME-AzeFlu formulation > intranasal corticosteroids.
  - Intranasal antihistamines > oral corticosteroids > chromones.
  - Saline serum > oral antihistamines > intranasal corticosteroids.
- When considering second-generation oral antihistamines for nasal obstruction in patients with chronic rhinosinusitis and nasal polyposis, in what circumstances are they indicated?
  - They are never indicated.
  - Bronchial asthma.
  - Allergic rhinitis.
  - They are always indicated.
  - NSAID-exacerbated respiratory disease.
- What would be the most suitable treatment for allergic rhinitis with extreme mechanical nasal obstruction caused by turbinate hypertrophy despite the use of topical corticosteroids for 3 months?
  - Oral antibiotics.
  - Intranasal vasoconstrictors.
  - Antihistamines/oral corticosteroids.
  - Removal of the allergen.
  - Radiofrequency in turbinates and/or septoplasty.