

Position Paper on Nasal Obstruction: Evaluation and Treatment

Instructions for obtaining 1.3 Continuing Medical Education Credits

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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.