

Position Paper on Nasal Obstruction: Evaluation and Treatment

Instructions for obtaining 1.3 Continuing Medical Education Credits

Credits can be earned by reading the text and completing the CME examinations online throughout the year on the SEAIC web site at www.seaic.org



"Actividad acreditada por el Consejo Catalán de Formación Continuada de las Profesiones Sanitarias – Comisión de Formación Continuada del Sistema Nacional de Salud con 1,3 CRÉDITOS".



Activity sponsored by Astra Laboratories



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.