Contribution of MASK-air® as an mHealth Tool for Digitally Enabled Person-Centered Care in Rhinitis and Asthma

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



AstraZeneca takes no responsibility for the contents of this program

CME Items

- 1. Which of the following applies to studies using mHealth realworld data?
 - a. They are associated with the highest level of evidence for the assessment of the efficacy and safety of interventions
 - b. They render randomized controlled trials unnecessary for assessment of the safety and efficacy of interventions
 - c. They can overcome some of the limitations of randomized controlled trials, particularly regarding generalizability
 - d. They can more adequately deal with confounding than randomized controlled trials
 - e. They always have a cross-sectional design
- 2. Which of the following apply to available mHealth tools for allergic rhinitis?
 - a. A search for rhinitis in app stores reveals that most results concern mHealth apps that are potentially relevant for the management of allergic rhinitis
 - b. There is only 1 mHealth app for allergic rhinitis available in several languages
 - c. More than 100 mHealth apps for allergic rhinitis resulted in scientific publications
 - d. All the above are correct
 - e. None of the above are correct
- 3. Which of the following apply to digital biomarkers in rhinitis and asthma?
 - a. The CSMS assesses rhinitis control over the period of 1 week
 - b. The e-DASTHMA corresponds to a 0-100 visual analog scale for asthma symptoms
 - c. The e-DASTHMA has been validated in a cohort of patients with physician-diagnosed asthma
 - d. The CSMS is particularly adequate for assessing longterm control of allergic rhinitis
 - e. The e-DASTHMA corresponds to the digital version of the CARAT.
- 4. Which of the following applies to the e-DASTHMA?
 - a. It was developed to replace the Asthma Control Test
 - b. Its minimal important difference has been determined
 - c. It was developed as a tool capable of diagnosing asthma
 - d. It comprises 5 Likert scale questions assessing different domains of asthma control
 - e. It has been demonstrated to predict the prognosis of asthma
- 5. Which of the following has been observed using real-world data from MASK-air?
 - a. It is rare for patients to use different rhinitis medications throughout the year
 - b. Patients frequently comedicate on days when they are more poorly controlled
 - c. Intranasal corticosteroids are the most commonly used medications in monotherapy
 - For most patients, rhinitis treatment patterns are in line with guideline recommendations
 - e. Rhinitis medication use does not follow a seasonal pattern
- 6. There is a growing body of evidence suggesting that rhinitis + asthma and rhinitis alone may be 2 different entities. MASKair data have been used to test this hypothesis. Which of the following has been observed using real-world data from MASK-air?
 - a. Patients with rhinitis and asthma seem to display worse nasal or ocular symptoms than those with rhinitis alone

- Patients with rhinitis and asthma do not seem to differ in their rhinitis medication patterns compared to those with rhinitis alone
- c. Patients with rhinitis and asthma seem to display worse smell impairment than those with rhinitis alone
- d. All of the above are correct
- e. None of the above are correct
- MASK-air data have been used to assess the impact of allergic diseases on quality of life. Which of the following EQ-5D-5L domains tended to be affected by poorer control of asthma but not by poorer control of rhinitis?
 - a. Pain/discomfort
 - b. Daily activities
 - c. Anxiety/depression
 - d. Mobility (walking around)
 - e. Self-care
- 8. Regarding the impact of allergic diseases on work and school productivity, as assessed using the MASK-air app, which of the following is true?
 - a. Most users answering the questionnaire on work and school productivity had indicated the loss of at least 1 study hour due to allergies
 - b. The impact of asthma on work productivity is mainly driven through absenteeism
 - c. For the same level of control, patients with rhinitis + asthma tend to have greater impairment of work due to allergies than patients with rhinitis alone
 - d. In patients with allergic rhinitis, ocular symptoms were the ones whose control was most strongly associated with worse school productivity
 - e. All the above are correct
- 9. Which of the following apply to the use of MASK-air data in the Allergic Rhinitis and its Impact on Asthma (ARIA) 2024 guidelines?
 - a. MASK-air data will be the only source of evidence for the ARIA 2024 guidelines
 - MASK-air data will be used in both the processes of guideline question generation and formulation of recommendations
 - c. MASK-air data will be used in both the processes of guideline question prioritization and outcome identification
 - d. MASK-air data will be used in both the processes of guideline question generation and outcome prioritization
 - e. MASK-air will be used in both the processes of guideline question prioritization and outcome prioritization.
- 10. In the GRADE approach, the formulation of guideline recommendations is based on the Evidence-to-Decision framework. This framework comprises 12 criteria regarding which interventions need to be assessed. For which of the following criteria is MASK-air currently NOT able to provide evidence on rhinitis treatments?
 - a. Undesirable effects (harm)
 - b. Patients' values and preferences
 - c. Resource use
 - d. Acceptability
 - e. MASK-air will be able to provide evidence for all framework criteria