CONTINUING MEDICAL EDUCATION EXAMINATION

The Evolving Role of Pulmonary Function Interpretation: Clinical Implications of the New ERS/ATS Standards in Asthma Care

Instructions for obtaining 1.2 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**

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CME Items

1. What is the most relevant change in the classification of severity of ventilatory dysfunction in the 2022 ERS/ATS guidelines?
   a. A percentile-based reference system was introduced instead of the z-score.
   b. A severity classification based on the lower limit of normality was incorporated.
   c. A unique z-score-based system with mild, moderate, and severe categories was adopted.
   d. The need to classify the severity of ventilatory dysfunction in clinical practice was eliminated.

2. What distinguishes the GLI-2023 reference equations from the GLI-2012 equations?
   a. They introduce a weight-adjusted model to improve diagnostic accuracy.
   b. They use an inverse weighting model to ensure equitable representation of different racial and ethnic groups.
   c. They apply a stricter threshold to define obstruction based on the FEV_1 z-score.
   d. They incorporate DLCO as a mandatory parameter in pulmonary evaluation

3. What criterion was established in the 2022 ERS/ATS guidelines to define a positive bronchodilator response?
   a. An absolute increase of 200 mL in FEV_1 or FVC.
   b. An increase of ≥10% in FEV_1 or FVC with respect to the predicted value.
   c. An increase of 12% from the baseline value of FEV_1 or FVC.
   d. An increase of 15% in the FEV_1/FVC ratio.

4. Which spirometric pattern could precede the development of chronic obstruction?
   a. Classic restrictive pattern with reduced FVC and TLC.
   b. Pattern with decreased DLCO and no alteration in the FEV_1/FVC ratio.
   c. PRISm.
   d. Fixed obstruction with FEV_1/FVC <0.7 without bronchodilator response.

5. What is the primary utility of FEV_1Q assessment in adults?
   a. Determining mortality risk based on functional impairment.
   b. Monitoring eosinophilic inflammation in patients with severe asthma.
   c. Classifying the response to inhaled corticosteroid treatment.
   d. Predicting acute exacerbations in patients with borderline pulmonary function.

6. How should progression of pulmonary function be evaluated in the pediatric population according to the 2022 ERS/ATS guidelines?
   a. By applying the FEV_1/FVC ratio adjusted for body weight.
   b. By comparing variability in FEV_1 before and after puberty.
   c. By using changes in FEV_1 z-score over time.
   d. By performing repeated DLCO measurements every 6 months.

7. Which of the following parameters differentiates between air trapping and fixed obstruction in asthma?
   a. Ratio of FVC to SVC.
   b. Carbon monoxide transfer index (DLCO/VA).
   c. Daily variability in peak expiratory flow.
   d. Ratio between specific airway resistance and expiratory reserve volume.

8. What novel aspect in the interpretation of lung volumes was introduced in the 2022 ERS/ATS guidelines?
   a. Unification of the concept of air trapping and hyperinflation into a single category when the RV/TLC ratio is elevated.
   b. Elimination of TLC from the classification of ventilatory disorders.
   c. Replacement of FRC measurement with forced oscillation plethysmography.
   d. Introduction of DLCO as a primary parameter to define restrictive patterns in the absence of TLC.

9. Which of the following spirometry findings may suggest the presence of dysanapsis?
   a. Decreased DLCO with a normal DLCO/VA ratio.
   b. Increased FVC with a significant reduction in the carbon monoxide transfer index.
   c. Reduced FEV_1 with a bronchodilator response greater than 15%.
   d. Reduced FEV_1/FVC ratio with normal FEV_1 and FVC values.

10. What is the primary purpose of using the z-score for interpretation of spirometric value?
a. To allow standardized comparisons regardless of age, sex, and height.
b. To replace lung volume measurement in the assessment of restriction.
c. To facilitate interpretation of spirometry findings without the need for population reference values.
d. To automatically correct functional alterations derived from environmental exposure.