

# Management of Asthma in Children

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This month's quiz is based on the article, "Management of Asthma in Children," which begins on page 36 of this issue. Choose the single best answer for each question.

- 1. A 2-year-old toddler presents with a history of episodes of cough, wheezing, and increased work of breathing that are preceded by cold symptoms. He was hospitalized twice during the past winter but is healthy in between episodes and is asymptomatic during this evaluation. Which of the following is the most effective treatment for this toddler?**
  - (A) Nebulized corticosteroids (ie, budesonide) twice daily
  - (B) High-dose inhaled corticosteroids daily via a valved holding chamber and mask
  - (C) Oral montelukast once daily
  - (D) On-hand oral corticosteroids to be given as early as possible after inception of symptoms and to be discontinued shortly after recovery
- 2. A 3-year-old child with a history of chronic cough and wheezing suggestive of asthma presents for initial evaluation. Allergy skin testing will help in all of the following EXCEPT:**
  - (A) Choosing among different maintenance medications
  - (B) Deciding on treatment periods
  - (C) Identifying potential triggers for asthma and correlating the pattern of symptoms with time of exposure to allergens
  - (D) Prognosis
- 3. All of the following are short-acting  $\beta_2$ -agonists EXCEPT:**
  - (A) Levalbuterol
  - (B) Pirbuterol
  - (C) Racemic albuterol
  - (D) Salmeterol
- 4. Which of the following best describes the safety of long-acting  $\beta_2$ -agonists (LABAs) in conjunction with inhaled corticosteroids?**
  - (A) Adding a LABA is safer than doubling the dose of inhaled steroids but requires careful monitoring for clinical consequences of possible  $\beta$ -receptor downregulation
  - (B) LABAs are safe as a first-line treatment for moderate to severe asthma patients
  - (C) LABAs are safer than the use of montelukast as a steroid-sparing agent
  - (D) The dose of a LABA can be doubled for greater benefit
- 5. Which of the following statements regarding valved holding chambers with metered-dose inhalers (MDI) is TRUE:**
  - (A) They are not appropriate for infants
  - (B) They are more portable than a nebulizer but are more expensive
  - (C) They are as effective when used while a child is crying as during quiet breathing
  - (D) They provide more medication delivery to the lungs than the use of a MDI alone
- 6. During a follow-up visit of a child with chronic asthma, which of the following is least helpful in monitoring the course of the illness?**
  - (A) Obtaining history of acute exacerbations
  - (B) Peak flow measurement
  - (C) Reviewing the symptom diary
  - (D) Spirometry

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For answers, see page 35.

**Answers to the Clinical Review Quiz, which appears on page 17. The article on management of asthma in children begins on page 36.**

1. (D) On-hand oral corticosteroids to be given as early as possible after inception of symptoms and to be discontinued shortly after recovery
2. (A) Choosing among different maintenance medications
3. (D) Salmeterol
4. (A) Adding LABA is safer than doubling the dose of inhaled steroids but requires careful monitoring for clinical consequences of possible  $\beta$ -receptor downregulation
5. (D) They provide more medication delivery to the lungs than the use of a MDI alone
6. (B) Peak flow measurement

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