

CME QUESTIONS: TEST #060001S

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Instructions

After reading this Special Report, select the best answer to each of the following questions. At least 7 of the 10 answers must be correct to receive CME credit. Estimated time for this activity is 2 hours.

1. What is the most common form of rhinitis?

- a) Allergic rhinitis
- b) Infectious rhinitis
- c) Rhinitis medicamentosa
- d) Vasomotor rhinitis
- e) None of the above

2. What is the approximate prevalence of allergic rhinitis?

- a) 0.01%
- b) 0.1%
- c) 1% to 5%
- d) 8% to 14%
- e) 50%

3. The direct cost of treating rhinitis in the United States in 1997 without considering comorbidities was:

- a) \$300 million
- b) \$1.5 billion
- c) \$4.5 billion
- d) \$10 billion
- e) \$30 billion

4. Which of the following contributes to the indirect cost of rhinitis?

- a) Workplace accidents
- b) Reduced work performance
- c) Reduced learning
- d) Motor vehicle accidents
- e) All of the above

5. Which of the following is generally used to treat allergic rhinitis?

- a) Nasal steroids
- b) Sedating antihistamines
- c) Nonsedating antihistamines
- d) a and c
- e) All of the above

6. In the trial by Ratner and associates, which of the following was found to be the most cost-effective treatment?

- a) Fluticasone
- b) Loratadine
- c) Both treatments used concomitantly
- d) Both monotherapies were equal.
- e) None of the above

7. Which statement summarizes the evidence regarding allergen avoidance?

- a) Allergen avoidance should always be recommended before pharmacologic treatment because it is effective in a majority of patients.
- b) If patients can effectively reduce their allergen load with allergen avoidance, it will result in a proportional decrease in clinical symptoms.
- c) Prevention is always good in principle, so allergen avoidance should be taught to all allergic rhinitis patients.
- d) Research has shown that allergen avoidance does result in a decrease in allergen load, but a clinically significant improvement in symptoms rarely occurs.
- e) Allergen avoidance should be attempted if pharmacologic treatment fails.

(CME QUESTIONS CONTINUED ON FOLLOWING PAGE)

CME TEST FORM	Please circle your answers:	(PLEASE PRINT CLEARLY)
AJMC Test #060001S		Name _____
Optimizing Quality of Care and Cost Effectiveness in Treating Allergic Rhinitis in a Managed Care Setting	1. a b c d e	Address _____
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PROGRAM EVALUATION

Johns Hopkins University School of Medicine would like to have your opinion. Please fill out the questionnaire below, tear off along the dotted line, and mail along with your CME test form. We thank you for your evaluation, which is most helpful.

On the whole, how do you rate the information presented in the article?

excellent good fair poor

Is the information presented useful in your practice?

yes no

Do you have recommendations to improve this program?

yes no

Comments:

Were any portions of this program unsatisfactory or inappropriate?

yes no

If so, which?

Do you find the information presented in this article to be fair, objective, and balanced?

yes no

Is there subject matter you would like included in the future?

yes no

Comments:

In your opinion, were the authors biased in their discussion of any commercial product or service?

yes no

Comments:

Program Evaluation

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Specialty

(CME QUESTIONS CONTINUED FROM PREVIOUS PAGE)

8. Which of the following best summarizes the evidence regarding immunotherapy for rhinitis?

- a) Most patients experience an improvement in symptoms during the first year.
- b) A majority of patients who start immunotherapy do not complete their treatment.
- c) If immunotherapy is not effective in the first 6 months, it should be discontinued.
- d) Immunotherapy is more cost effective than pharmacologic treatment.
- e) Immunotherapy should not be used with pharmacologic treatment.

9. Switching patients from loratadine to fluticasone can result in a:

- a) 100% increase in medication costs
- b) 50% increase in medication costs
- c) No change in costs
- d) 35% decrease in medication costs
- e) 100% decrease in medication costs

10. Using evidence-based medicine principles, the most cost-effective first line of treatment for allergic rhinitis in most patients appears to be:

- a) Nasal steroids
- b) Nonsedating antihistamines
- c) A nasal steroid and a nonsedating antihistamine
- d) Immunotherapy
- e) Allergen load reduction

*Optimizing Quality of Care and Cost Effectiveness in Treating
Allergic Rhinitis in a Managed Care Setting*

GOAL

To provide comprehensive and up-to-date information concerning the management of allergic rhinitis, including medical treatments and cost implications to patients, healthcare providers, and society.

TARGET AUDIENCE

This activity is designed for physicians in primary care, allergists, managed care decision makers, healthcare policy planners, and pharmacy and therapeutics committee members.

LEARNING OBJECTIVES

Upon completion of this educational CME supplement, the participant should be able to:

- Identify the types of rhinitis and their relative prevalence in the population.
- Discuss the efficacy of various rhinitis treatments.
- Describe the direct and indirect costs associated with rhinitis.
- Evaluate the most cost-effective treatments of rhinitis.

CONTINUING MEDICAL EDUCATION ACCREDITATION

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This CME activity has been produced under the direct supervision of Wayne Koch, MD, Associate Professor of Otolaryngology, Head and Neck Surgery, Johns Hopkins University School of Medicine.

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