BRONCHIAL ASTHMA & COUGH DRUG MANAGEMENT_SELF-STUDY QUESTIONS

1. TRUE or FALSE. If you think the statement is FALSE, explain why.
   (a) Sodium cromoglicate can be effective treatment of an asthmatic attack F
   (b) A common unwanted effect of inhaled glucocorticoids is candidiasis T
   (c) Beta-1 adrenoceptor agonists are drugs of first choice for overcoming the bronchospasm of the immediate phase of asthma T
   (d) Theophylline relaxes bronchial muscle mainly by antagonism at adenosine receptors T
   (e) Dextromethorphan is a cough suppressant particularly useful in treating cough associated with suppurating bronchial inflammation (bronchiectasis) F
   (f) The preventative action of sodium cromoglicate in asthma is due to mast cell stabilization T
   (g) Muscarinic antagonists are of no use in treating asthma F
   (h) Theophylline given by inhalation can be an effective bronchodilator in some cases of asthma
   (i) Salbutamol or terbutaline given by aerosol, are first line drugs fortreatment of the immediate phase of the asthma attack T
   (j) Salmeterol is a long-lasting beta-2 adrenoceptor agonist causing bronchodilatation lasting up to 12 hours T
   (k) Theophylline has a narrow therapeutic window being ineffective below 20 micromol/litre and causing unwanted effects above 110 micromol/litre ?
   (l) Sustained release oral theophylline preparations can be useful for nocturnal asthma T
   (m) FEV1 is a measure of the fever associated with severe asthma
   (n) Acute severe asthma should be treated by rapid intravenous theophylline
   (o) LTD4 is an important spasmogen in both phases of asthma

2. What is the basis of the bronchial hyper-responsiveness in asthmatic subjects?
3. What bronchodilator drugs are used in asthma? Give examples
4. What intracellular transduction mechanisms are involved in the action of the main bronchodilator drugs?
5. Which anti-asthma drugs can be given by inhalation; and which ones cannot? How are these latter agents given?
6. What non-respiratory actions do the methylxanthines have?
7. Which receptors are involved in the bronchodilator action of muscarinic receptor antagonists?
8. What is the role of sodium cromoglicate in the treatment of asthma and what is its mechanism of action?
9. Which anti-asthmatic bronchodilator drugs can be given intravenously; and which ones cannot?
10. What drugs are used to suppress cough?
11. What is aminophylline? Does it have any advantages over theophylline?

BRONCHIAL ASTHMA

1. Describe the treatment of acute severe asthma. What clinical and laboratory parameters should you monitor to assess the efficacy and side effects drug therapy of acute severe asthma?

2. Compare the efficacy of salbutamol via nebulisation versus multi-dose inhaler in acute asthma

3. Describe a rational and comprehensive approach to management of chronic asthma.