1. Is inhaled therapy more effective than oral route for the use of bronchodilators (BDL) in attack?
   a. Comparison with oral administration showed that the action of inhaled BDL is faster and has fewer side effects.
   b. Inhaled β2-agonist may be administered at intervals of 1 to 5 minutes.
   c. Inhaled β2-agonist may be administered up to six inhalations in 1 hour.
   d. Oral route is preferred for the use of β2-agonists in asthma attack.

2. In a severe attack, is the effectiveness of subcutaneous and intravenous routes superior to that of inhalation for the administration of β2-adrenergic?
   a. The intravenous route is preferred for the administration of β-adrenergic.
   b. The subcutaneous route is preferred for the administration of β-adrenergic.
   c. The inhalation route is preferably recommended for the use of β-adrenergic in asthma attack.
   d. The use of subcutaneous epinephrine is also effective, with onset of action in approximately 1 hour and lasting for about 4 hours.

3. Are inhaled corticosteroids effective for treating attack?
   a. There is similar efficacy between the use of high-dose inhaled corticosteroids and systemic corticosteroids.
   b. Continued use is associated with more exacerbations than intermittent use.
   c. It is recommended to use inhaled corticosteroids for rescue of asthma attack in children.
   d. Beclomethasone continuously for two weeks is associated with fewer exacerbations that dexamethasone.

4. Is aminophylline effective in the treatment of severe attack? As a gateway drug? As an adjunct? Is it safe?
   a. Aminophylline provide additional clinical benefit to the use of β2-adrenergic.
   b. There is an increased hospital stay in children receiving aminophylline compared with intravenous salbutamol.
   c. Should not be used for severe cases with poor response to steroids and β2-adrenergic.
   d. Aminophylline has a narrow therapeutic safety margin and may cause poisoning and side effects.

5. Are inhaled corticosteroids effective and safe to prevent seizures in children?
   a. Treatment with low doses of inhaled corticosteroids increases by 14% the need for additional asthma treatment.
   b. Continuous treatment with corticosteroids is associated with decreased rates of hospitalization.
   c. Prophylactic treatment with inhaled corticosteroids is not beneficial in exercise-induced asthma.
   d. Continuous use of inhaled corticosteroids does not interfere with the growth rate.