

Update on childhood asthma: drug treatment

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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 β_2 -agonist may be administered at intervals of 1 to 5 minutes.
 - c. Inhaled β_2 -agonist may be administered up to six inhalations in 1 hour.
 - d. Oral route is preferred for the use of β_2 -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 β_2 -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 than 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 β_2 -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 β_2 -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.

RESPONSES TO CLINICAL SCENARIO: UPDATE ON UNCOMPLICATED URINARY TRACT INFECTION IN WOMEN: DIAGNOSIS
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1. Dysuria and polyuria with no vaginitis symptoms results in a diagnostic probability > 90% (**Alternative A**).
2. A positive result for nitrites yields 80% of probability (**Alternative B**).
3. With a clinical picture of complicated cystitis (**Alternative C**).
4. Nausea and vomiting are symptoms of pyelonephritis (**Alternative D**).
5. All above are correct (**Alternative D**).