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Educational questions.

"Unrecognised ventricular dysfunction in chronic obstructive pulmonary disease"

1. Regarding the presence of airflow obstruction in patients with established diagnosis of chronic heart failure, which of the following statements is true.

- It has a low prevalence and is an indicator of poor survival. It has a low prevalence and has no relationship with mortality.
- It has a high prevalence and is an indicator of poor survival. It has a high prevalence and has no relationship with mortality.

2. Which of the following statements is incorrect for patients with COPD?

- A routine assessment of left ventricular function is important because the presence of left ventricular dysfunction is associated with a poor prognosis. Most patients with ventricular dysfunction have systolic dysfunction. The presence of previous coronary heart disease is associated with a high probability of finding left ventricular dysfunction. Assessment of BNP had no value as prognostic indicator of left ventricular dysfunction.

3. Which of the following statements is true?

- There is a danger of over-diagnosing COPD in older adults because GOLD criteria do not adequately adjust for age. Most studies reporting the prevalence of COPD in patients with CHF reported prevalences ranging from 50% to 75%. Some reports have emphasised that short-acting β_2 agonists and ipratropium bromide decreased risk of sudden death in patients with COPD. The adjusted probability of death in patients with COPD and ventricular dysfunction was more than 5-fold the risk of patients without ventricular dysfunction.

4. Which of the following statement is not true regarding the role of BNP assessment in patients with COPD?

- The assessment of NT-pro BNP is useful for the detection of ventricular dysfunction in patients with COPD. A cut-off point of $160 \text{ pg} \cdot \text{mL}^{-1}$ increased the probability of finding ventricular dysfunction more than 10-fold. NT-pro BNP is used only for experimental purposes and is not part of clinical practice.