1 Chronic obstructive pulmonary disease (COPD):
- Describes a group of fully reversible airways diseases (Correct)
- Can be caused by smoking (Correct)
- Primarily affects people under 35 years of age (False)
- Is a progressive condition (Correct)
- Is often undiagnosed (Correct)

2 Regarding tobacco smoking:
- It has been implicated in the development of chronic bronchitis since the 1960s (Correct)
- It activates α-antitrypsin (Correct)
- It is estimated that 80% of smokers develop COPD (Correct)
- Passive smoking does not affect lung function (False)
- Maternal smoking has no effect on lung development in utero (False)

3 Symptoms of COPD include:
- Breathlessness (Correct)
- Improved exercise capacity (Correct)
- Sputum production (Correct)
- Wheeze (Correct)
- Blurred vision (False, not a symptom of COPD)

4 Concerning the severity of COPD:
- Can be classified based on the forced expiratory volume in one second (FEV1) (Correct)
- Disease severity is a poor indicator of prognosis (False)
- An FEV1 of 30–49% of predicted indicates that a patient has moderate COPD (Correct)
- The BODE index is a poor predictor of mortality (False)
- All patients with COPD should have a BODE score calculated (Correct)

5 The BODE index takes into account a patient’s:
- Volume of sputum (False, not a factor in BODE)
- FEV1 (Correct)
- Dyspnoea (Correct)
- Exercise tolerance (Correct)
- Waist circumference (Correct)

6 The goals of COPD therapy include to:
- Relieve symptoms (Correct)
- Prevent disease progression (Correct)
- Reduce the requirement for exercise (Correct)
- Prevent exacerbations (Correct)
- Curb reliance on inhaled medicines (Correct)

7 For COPD, bronchodilators:
- Reduce airway smooth muscle tone* (Correct)
- Are central to treatment (Correct)
- Improve FEV1 (Correct)
- Slow mucociliary clearance (Correct)
- Improve exercise tolerance (Correct)

8 Regarding β2 agonists:
- Long-acting β2 agonists are the most commonly used bronchodilators for COPD (Correct)
- The side effects of β2 agonists are dose-dependent (Correct)
- The time to peak response for short-acting β2 agonists is the same for COPD and asthma (False)
- Long-acting β2 agonists become less effective with regular use (Correct)
- Long-acting β2 agonists are appropriate for patients who have persistent breathlessness despite short-acting β2 agonist use (Correct)

9 Short-acting muscarinic antagonists:
- Relax bronchial smooth muscle (Correct)
- Increase sputum production (False, actually decreases)
- Have a longer duration of action than short-acting β2 agonists (Correct)
- Have a quicker onset of action than short-acting β2 agonists (False)
- Should be used regularly, four times a day, in preference to using a long-acting muscarinic antagonist once daily (Correct)

10 Regarding non-inhaled treatments for the treatment of COPD:
- Methylxanthines at low doses have been shown to reduce the incidence of exacerbations (Correct)
- Methylxanthines have a narrow therapeutic index (Correct)
- Oral corticosteroids should be prescribed as maintenance therapy (Correct)
- Roflumilast is licensed for use as monotherapy (Correct)
- Mucolytics should be used routinely to prevent exacerbations in patients with stable COPD (False, not a standard practice)

* This question contains an error and has therefore been removed