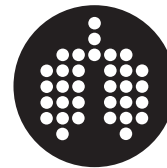


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Educational questions.

“Diagnosing pneumonia in patients with acute cough: clinical judgment compared with chest radiography”. For some questions more than one answer could be correct.

1. One of the major challenges in patients presenting with acute cough or LRTI-like symptoms is identifying pneumonia. Which of the following diagnostic tools is most commonly used by GPs to guide treatment?

- Clinical judgment. Point-of-care tests, e.g. CRP. Chest radiography. Microbiological culture.

2. Which of the following statements is true?

- GPs' clinical diagnoses in LRTI patients presenting with acute cough do not differ between different European countries. GPs are better in identifying than excluding pneumonia in LRTI patients presenting to primary care. The prior risk of pneumonia presence in patients presenting with acute cough is 5%. The over-prescription of antibiotics in LRTI can be explained by the high number of false-positive pneumonia diagnoses in patients presenting with acute cough.

3. Which of the following clinical characteristics might be related to the occurrence of clinically unidentified (or “missed”) pneumonia cases?

- Low self-reported symptom severity score. Absence of signs of systemic inflammatory response syndrome. Presence of comorbidity (pulmonary, cardiac or DM)

4. Which of the following statements concerning the negative predictive value (NPV) of GPs' clinical assessments in patients presenting with acute cough is/are true?

- Additional testing, e.g. point-of-care tests, might further increase the NPV of the clinical assessment. The high NPV of GPs' clinical assessments shows the ability of GPs to exclude pneumonia.

5. Which of the following statements is correct?

- The majority of radiological pneumonias is detected by GPs. The majority of patients with a GP diagnosis of pneumonia have pneumonia on chest radiograph. Overdiagnosis of pneumonia by GPs happens more frequently than underdiagnosis.