

## **Survey: Corticosteroid Therapy in Infective Respiratory Diseases**

**1. What is the primary reason for prescribing corticosteroids in patients with respiratory infections in your center?**

- A) To reduce inflammation
- B) To control immune response
- C) To treat airway hyperreactivity
- D) To reduce the risk of exacerbations

**2. How often do you prescribe corticosteroids for patients with acute exacerbations of COPD?**

- A) Always
- B) Frequently
- C) Occasionally
- D) Rarely

**3. For which inflammatory phenotype in COPD do you most commonly prescribe corticosteroids?**

- A) Eosinophilic inflammation
- B) Neutrophilic inflammation
- C) Mixed eosinophilic-neutrophilic inflammation
- D) We do not phenotype inflammation before prescribing corticosteroids

**4. How do you evaluate the need for corticosteroid therapy in patients with bronchiectasis colonized by Pseudomonas?**

- A) Based on clinical symptoms only
- B) Based on inflammatory biomarkers (e.g., blood eosinophils)
- C) Based on radiological findings
- D) Corticosteroids are not routinely prescribed

**5. Do you prescribe corticosteroids for patients with bronchiectasis colonized by Mycobacteria?**

- A) Yes, corticosteroids are always used in combination with antibiotics
- B) Yes, corticosteroids are used only in severe cases
- C) No, corticosteroids are not prescribed due to concerns about worsening the infection
- D) Only inhaled corticosteroids are prescribed to reduce airway inflammation

**6. How do you determine the appropriate dosage and duration of corticosteroid therapy in respiratory infections?**

- A) Based on guidelines
- B) Based on patient response and severity of inflammation

C) Based on inflammatory biomarkers (e.g., blood eosinophils)

D) Based on a combination of the above factors

**7. In your experience, how effective are corticosteroids in reducing inflammation in patients with severe respiratory infections?**

A) Very effective

B) Moderately effective

C) Minimally effective

D) Ineffective

**8. What is the most common side effect you observe in patients receiving corticosteroids for respiratory infections?**

A) Increased susceptibility to infections

B) Hyperglycemia

C) Osteoporosis

D) Weight gain

**9. How do you manage corticosteroid use in patients with respiratory infections who are at high risk of bacterial colonization (e.g., Pseudomonas, Mycobacteria)?**

A) Combine corticosteroids with antibiotic therapy

B) Reduce corticosteroid dosage

C) Avoid corticosteroids unless absolutely necessary

D) Closely monitor for signs of infection

**10. How frequently do you prescribe inhaled corticosteroids versus oral corticosteroids for managing airway inflammation in respiratory infections?**

A) Inhaled corticosteroids are preferred

B) Oral corticosteroids are preferred

C) Both inhaled and oral corticosteroids are used together

D) Corticosteroids are not typically used

**11. Do you routinely monitor patients for inflammatory biomarkers (e.g., blood eosinophils, CRP) before initiating corticosteroid therapy for respiratory infections?**

A) Yes, always

B) Yes, but only in select cases

C) No, we rely on clinical judgment

D) We do not monitor biomarkers before prescribing corticosteroids