



DR CHARLOTTE MCKNIGHT



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MCQS – Advance Access Only for WAVE. Please submit answers **online before 11.59pm AWST 23rd March OR if you want a 7 Day Extension to complete ALL MCQS – opt in online for the extra time. The following 15 MCQS are from the presentation on Day 2 – Session 6 @ WAVE 2026.**

Cosmetics & Eye Health

Q.1) Which of the following is not a potentially toxic preservative used in cosmetics:

- a) Benzalkonium chloride
- b) Formaldehyde-releasing compounds
- c) Parabens
- d) Phenoxyethanol
- e) Chloroform
- f) Chlorphenesin

Q.2) Which of the following is not true:

- a) After three months of use, bacteria can be grown from 35% of mascaras
- b) With ongoing use, 79% of mascaras are positive for Staphylococcus aureus and 13% are positive for Pseudomonas aeruginosa
- c) Makeup sponges and brushes can act as reservoirs for bacterial growth
- d) Microbes breed in skin oils, skin debris and moisture on makeup applicators
- e) Washing or disinfecting makeup applicators is recommended once a month
- f) Applying makeup with clean fingers avoids contamination from makeup applicators

Q.3) Which of the following is not a potential adverse effect from eyelash growth serums containing prostaglandin-analogues?

- a) Conjunctival hyperaemia
- b) Skin pigmentation
- c) Iris pigmentation
- d) Itch
- e) Trichiasis
- f) Malar hypertrichosis
- g) Increased intraocular pressure

Q.4) Which of the following is not a potential adverse effect from botulinum toxin in the aesthetic setting:

- a) Upper eyelid ptosis
- b) Reduced lacrimal function
- c) Brow ptosis
- d) Lagophthalmos
- e) Ectropion
- f) Monocular diplopia

Q.5) Which of the following is not true regarding hyaluronic acid filler used aesthetically:

- a) Filler can be seen on MRI more than 10 years after injection
- b) In Australia nurse practitioners can prescribe and administer fillers
- c) Unwanted aesthetic effects from fillers are more common than true adverse events
- d) Filler around the eyes lasts longer than filler elsewhere in the face, due to reduced anti-hyaluronidase activity
- e) Tissue ischaemia and retinal artery occlusion are possible immediate adverse complications
- f) Nodules and masses that occur as late complications of filler injection appear at the site of the original injection



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Third Time is the Charm

Q.6) According to TFOS DEWS III (2025), which of the following best describes the updated definition of dry eye disease?

- a) A disease of tear film instability only, independent of symptoms.
- b) A multifactorial, symptomatic disease characterized by a loss of homeostasis of the tear film and/or ocular surface
- c) Primarily an aqueous deficiency disease with secondary evaporation
- d) A rare ocular condition affecting only elderly individuals

Q.7) In the TFOS DEWS III tiered diagnostic algorithm, which minimal screening elements are required to confirm dry eye in a busy clinic?

- a) Full OSDI, Schirmer, meibography
- b) Impression cytology, tear proteomics, nerve imaging
- c) OSDI-6 (≥ 4), noninvasive tear breakup time (< 10 s) or osmolarity (≥ 308 mOsm), and ocular surface staining
- d) In vivo confocal microscopy, tear cytokine levels

Q.8) TFOS DEWS III de-emphasizes rigid “stages” of dry eye (e.g., mild, moderate, severe) because:

- a) There is no correlation between severity and symptoms
- b) Dry eye disease is often dynamic, driven by overlapping, shifting mechanisms
- c) It is easier to sell more products if one doesn't label a patient severe
- d) The prior staging had legal implications

Q.9) For a patient whose predominant driver is meibomian gland dysfunction (MGD) and eyelid disease, which of the following is least appropriate as a first-line therapy?

- a) Warm compress + lid hygiene
- b) Intense pulsed light (IPL) therapy
- c) Topical corticosteroid as monotherapy
- d) Lid hygiene with Demodex targeted treatment

Q.10) Which of the following is true regarding neuromodulation therapies discussed in TFOS DEWS III?

- a) They provide tear-conserving benefit by occluding the punctum
- b) They stimulate production of various tear components (e.g. aqueous, lipids)
- c) They replace all other therapies and are effective as monotherapy in all cases
- d) They are the first-line therapy in mild dry eye



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Targeted Light & Energy Therapies for MGD-related Dry Eye: IPL, LLLT, and Radiofrequency

Q.11) Which energy-based modality currently has the strongest evidence base from systematic reviews for improving signs and symptoms of MGD?

- a) Intense pulsed light (IPL)
- b) Radiofrequency therapy (RF)
- c) Low-level light therapy (LLLT)
- d) Warm compress therapy

Q.12) Which patient phenotype is most likely to benefit from IPL as an adjunctive therapy?

- a) Pure aqueous-deficient dry eye
- b) Ocular rosacea with lid telangiectasia
- c) Neurotrophic keratopathy
- d) Acute infective blepharitis

Q.13) Radiofrequency (RF) therapy improves MGD outcomes primarily by:

- a) Destroying obstructed meibomian glands
- b) Liquefying inspissated meibum through controlled heating
- c) Stimulating goblet cell proliferation
- d) Increasing aqueous tear secretion

Q.14) Which factor represents a key safety consideration when providing IPL treatment?

- a) Contact lens wear history
- b) Central corneal thickness
- c) Tear osmolarity level
- d) Fitzpatrick skin type and photosensitising medications

Q.15) Energy-based therapies for MGD should be described to patients as:

- a) First-line treatments replacing conventional therapy
- b) Cosmetic procedures unrelated to dry eye care
- c) Adjunctive interventions within staged dry eye management
- d) Experimental treatments without supporting evidence

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