Box 5-4. Summary of syndromic approach to diseases of chronic airflow limitation for clinical practice

No.					Consider other of	liconcoc first
Yes		No		_>	Consider other o	iiseases iiist
(i) As	ROMIC DIAGNO semble the feature mpare number of l	s for asthma and				
Feature: if present sugges	ts ASTHMA			COPD		
Age of onset	Before age 20 years			After age 40 years		
Pattern of symptoms	Variation over minutes, hours or days			Persistent despite treatment		
	Worse during the night or early morning			Good and bad days but always daily symptoms and exertional dyspnea		
	Triggered by exercise, emotions including laughter, dust or exposure to allergens			Chronic cough & sputum preceded onset of dyspnea, unrelated to triggers		
Lung function	 Record of variable airflow limitation (spirometry or peak flow) 			Record of persistent airflow limitation (FEV ₁ /FVC < 0.7 post-BD)		
Lung function between symptoms	Normal			Abnormal		
Past history or family history	Previous doctor diagnosis of asthma			Previous doctor diagnosis of COPD, chronic bronchitis or emphysema		
	 Family history of asthma, and other allergic conditions (allergic rhinitis or eczema) 			Heavy exposure to riskfactor: tobacco smoke, biomass fuels		
Time course	No worsening of symptoms over time. Variation in symptoms either seasonally, or from year to year			 Symptoms slowly worsening over time (progressive course over years) 		
	May improve spontaneously or have an immediate response to bronchodilators or to ICS over weeks			Rapid-acting bronchodilator treatment provides only limited relief		
Chest X-ray	Normal	D Normal			e hyperinflation	
NOTE: • These features best d suggest that diagnosis. • If ther						
DIAGNOSIS	Asthma	Some features of asthma		oth	Some features of COPD	COPD
CONFIDENCE IN DIAGNOSIS	Asthma	Possible Asthma		ld be CO	Possibly COPD	COPD
STEP 3	Marked				EEV /	EV/C < 0.7
PERFORM SPIROMETRY	reversible airflow limitation FEV,/FVC < 0.7 (pre-post bronchodilator) or other post-BD proof of variable airflow limitation					
STEP 4			100			
INITIAL TREATMENT*	Asthma drugs No LABA monotherapy	Asthma drugs No LABA monotherapy		and er LABA .AMA	COPD drugs	COPD drugs
	*Consult GINA	and GOLD docum	ients for i	recomme	nded treatments	
STEP 5 SPECIALISED	 Diagnostic unc and other caus 	ptoms and/or exace ertainty (e.g. suspe es of respiratory sy	cted pulm mptoms).	ionary hyp		

Box 5-5 (p.98) summarizes specialized investigations that are sometimes used to distinguish asthma and COPD.