

Respiratory Education UK Interpretation of Spirometry Study Day

Nice Guidelines 2014 look at ratio rather than fev1 as measure of severity of copd

Use BTS Guideline for Asthma and ATS/ETS for copd

Asthma FEV1 fluctuates PF = the first second of the FEV PF varies in Asthma not in copd

PF best at 4pm as cortisol level highest then

Restriction could be due to a lung pathology do a chest x

BTS guidelines better than NICE for asthma

Exercise spirometry to detect effect of exercise can be mimicked with beta metha choline challenge test a hospital test

Copd concentrates on ratio no longer on FEV1 < 80

Allow 6/52 after urti to separate effect of infection from inflammation

Obstruction occurs when blowing out restriction when drawing in

Cannabis Heroin Shisha profoundly damaging

Patients' best PF and spirometry may be more than the predicted a fall from this is significant

Copd neurophilic Asthma eosinophilic steroids only work on eosinophils but often mixed so some copd episodes respond

Alpha 1 anti tripsin severe obstruction Methotrexate and amiodarone can damage lungs

Don't diagnose from spirometry alone