## **CLINICAN GUIDE: WHICH LUNG FUNCTION TEST TO CHOOSE?**

## **Spirometry**

(also known as Flow Volume Loops) Measures FEV1, FVC, FEV1/FVC ratio and others

Spirometry is the gold standard for diagnosing obstructive airways diseases

- Routine Dyspnoea investigations (smokers ٠ etc)
- Asthma (perform Pre and Post Bronchodilator)
- COPD (assess severity of COPD and also • potential response to Bronchodilator)
- Possible Upper airway obstruction • (inspiratory loops)
- Asthma response to inhaler therapy •
- COPD assess progress or decline •
- Pre surgery assessment

Table 1. Recommendations for spirometry in national clinical guidelines for asthma and COPD

Asthma <sup>3</sup>	COPD <sup>4</sup>
Any patient with suspected asthma	Investigation of:
Making the diagnosis of asthma*	<ul> <li>unexplained breathlessness</li> </ul>
Confirming a past diagnosis	<ul> <li>cough that is chronic (daily for 2 months), intermittent, unusual</li> </ul>
Assessing risk of flare-ups	<ul> <li>frequent or unusual soutum production</li> </ul>
Investigating recent worsening of asthma control Monitoring response to a change in treatment	<ul> <li>relapsing acute infective bronchitis</li> </ul>
Periodically reviewing asthma (e.g. every 1–2 years)	Case-finding in people exposed to tobacco smoke or occupational dusts and chemicals, or patients with a strong family history of COPD
At every visit for patients with severe asthma or patients with poor perception of airflow	Making the diagnosis of COPD <sup>+</sup>
limitation (e.g. those who do not feel any different with a 15% decrease or increase in FEV <sub>1</sub> )	Reviewing treatment response and disease progression in people with COPD

\* Spirometric criteria in combination with clinical findings; the diagnosis of asthma cannot be made solely on the basis of spirometry findings, but also depends on clinical findings including symptoms and exclusion of alternative diagnoses.

† Spirometric assessment is essential to the diagnosis.

Table 1. Taken from National Asthma Council, The Spirometry Handbook for Primary Care

## **Gas Transfer**

Also known as DLCO/TLCO/Transfer Factor/gas diffusion. Measures ability to absorb oxygen from the lungs into the blood. Also measures lung volume indirectly via gas dilution method.	<ul> <li>severity. Smokers and Ex Smokers</li> <li>Disease progression.</li> <li>Helps distinguish between Asthma and COPD</li> <li>Interstitial lung disease</li> <li>Reduced SpO2.</li> </ul>
Static Lung Volumes Body Plethysmography is the gold standard for measuring lung capacity. This test measures all the air in the lungs, which gives us the Total lung capacity, FRC – Functional residual capacity and RV – Residual Volume.	<ul> <li>Confirmation of reduced lung volumes</li> <li>Restrictive and interstitial lung disease</li> <li>Fibrosis</li> </ul>
Postural Spirometry & Respiratory Muscle Strength	Neuromuscular diseases

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Diaphragm weakness

Suspected COPD/Emphysema, Assess