Clinical Features of Asthma and COPD Guidelines

Feature if present suggests:	Asthma	COPD
Age of onset	• Under 20 years old	• Over 35 years old
Pattern of symptoms	• Variation over minutes, hours or days • Worse during the night or early morning • Triggered by exercise, emotions including laughter, dust or exposure to allergens	• Persistent despite treatment • Good and bad days but always daily symptoms and exertional dyspnoea • Chronic cough and sputum preceded onset of dyspnoea, unrelated triggers
Lung function	• Record or variable airflow limitation (Spirometry, Peak Flow)	• Record of persistent airflow limitation ($FEV_1/FVC < 0.7$ post Bronchodilation)
Lung function	• Normal between symptoms	• Abnormal between symptoms
Past history and family history	• Previous clinician diagnosed asthma • Family History of Asthma or other allergic conditions (allergic rhinitis, eczema)	• Previous clinician diagnosis of COPD, chronic bronchitis or emphysema • Heavy exposure to risk factor, tobacco smoke, biomass fuels, occupation
Time course	• No worsening of symptoms over time • Varied symptoms either seasonally or from year to year • May improve spontaneously or	• Symptoms slowly worsening over time (progressive course over years) • Rapid acting bronchodilator treatment provides only limited relief

Treatment should be selected to ensure that:

- Patients with features of asthma receive adequate controller therapy including inhaled corticosteroids, but not long-acting bronchodilators alone (as monotherapy), and
- Patients with COPD receive appropriate symptomatic treatment with bronchodilators or combination therapy, but not inhaled corticosteroids alone (as monotherapy)
- **Initial recognition and treatment of ACOS may be made in primary care, referral for confirmatory investigations is encouraged, as outcomes for ACOS are often worse than for asthma or COPD alone**
- **E-consultation should be utilised if available**