

PHENOTYPE - ADULTS WITH CHRONIC RESPIRATORY SYMPTOMS (dyspnea, cough, chest

ASTHMA Features A	FEATURES OF BOTH ASTHMA + COPD TREAT AS ASTHMA	LI if severe
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Intensity exercise, easily or or ICS asthma diagnosis on e present	HISTORY • Symptoms intermittent or episodic - May have started before or after age 40 • May have a history of smoking and/or other toxic exposures, or history of low birth weight or respiratory illness such as tuberculosis • Any of asthma features at left (e.g. common triggers; symptoms improve spontaneously or with bronchodilators or ICS; current asthma diagnosis or asthma diagnosis in childhood) LUNG FUNCTION • Persistent expiratory airflow limitation • With or without bronchodilator reversibility	HISTORY • Dyspnea per: - Onset after - Limitation c - May have l - Bronchodil • History of sm • or history of l • such as tuber • No past or cu LUNG FUNCTION • Persistent ex • With or witho
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PHARMACOLOGICAL TREATMENT (as well as treating comorbidities and risk factors. See I

IS ESSENTIAL exacerbations and steroid may be port LAMA without ICS	• ICS-CONTAINING TREATMENT IS ESSENTIAL to reduce risk of severe exacerbations and death. See GINA report • Add-on LABA and/or LAMA usually also needed • Additional COPD treatments as per GOLD • DO NOT GIVE LABA and/or LAMA without ICS • Avoid maintenance OCS	• TREAT AS C - Initially LAM - Add ICS as hospitalizer requiring C • Avoid high do • Reliever cont
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ER 2–3 MONTHS. REFER FOR EXPERT ADVICE IF DIAGNOSTIC UNCERTAINTY OR INA

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Ensheng Dong



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