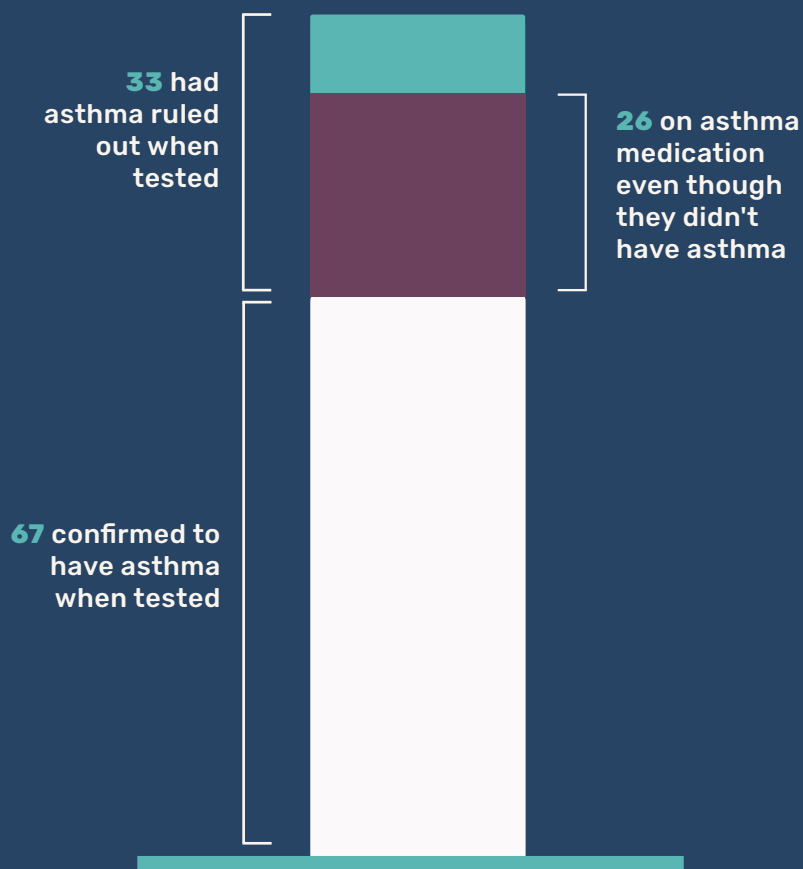


LET'S CLEAR THE AIR.

FOR **100** PATIENTS PREVIOUSLY THOUGHT TO HAVE ASTHMA:



WHY LUNG FUNCTION TESTING IS ESSENTIAL WHEN SUSPECTING ASTHMA OR COPD

WHAT IS THE GAP?

Asthma and COPD are among the most common chronic diseases in Canada. Diagnosis requires lung function testing, starting with a simple spirometry and bronchodilator response test.

However, only **43%** and **36%** of Canadian patients who receive a diagnostic label of asthma and COPD, respectively, have had pulmonary function testing within 1 year before or after the time of diagnosis.

WHY IS THIS A PROBLEM?

Asthma

In Canada, **33%** of patients diagnosed with asthma by a physician in the last 5 years did not have objective evidence of asthma on lung function testing.

However, **79%** of these patients without asthma were using asthma medications. "Overdiagnosis" of asthma results in overtreatment, leading to unnecessary costs and possible medication side effects.

Further, the actual diagnosis may be overlooked, leading to ongoing symptoms and diagnostic delays. Asthma mimickers include:

- Allergic/non-allergic rhinitis with post-nasal drip
- Gastro-esophageal reflux disease (GERD)
- Anxiety disorders
- Some serious cardiopulmonary conditions

COPD

As with asthma, studies show that **31 to 44%** of patients who received a clinical diagnosis of COPD did not actually have the condition when tested objectively. Similarly, these patients are exposed to unnecessary costs and possible inhaler side effects, while their true diagnosis remains unidentified.

When COPD is diagnosed without spirometry, providers underestimate the severity of the condition. Accordingly, providers prescribe more appropriate (evidence-supported) medications for patients with suspected COPD when they have undergone spirometry. As a result, patients with COPD have both lower hospital admission rates and lower mortality when the diagnosis is confirmed by spirometry, as opposed to clinically.

OVERCOMING BARRIERS

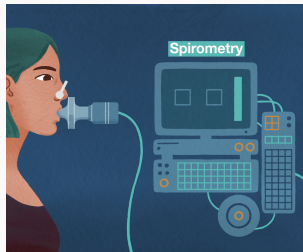
We recognize that there are sometimes barriers to the use of lung function testing in patients with suspected asthma or COPD.

Some clinicians have access to in-office spirometry, but without trained personnel to conduct spirometry, high-quality testing is difficult to achieve. Interpreting results can also be challenging. To help with this, the Lung Health Foundation has developed educational webinars and modules on spirometry.

🔗 Visit www.ChoosingWiselyCanada.org/Airways/#education for more information.

Alternatively, many clinicians send their patients to an outside lab for spirometry. Availability of outside labs varies widely by region, often resulting in diagnostic delays. If testing is not readily available, it may be reasonable to initiate therapy in a symptomatic patient prior to lung function testing. It is critical, however, to order lung function testing at the same time so that the diagnosis can be definitively confirmed.

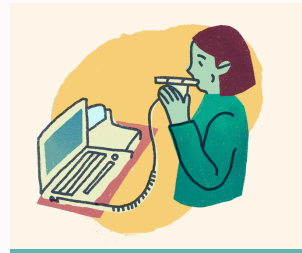
Some patients may refuse lung function testing in a lab due to travel and inconvenience. To help address this, we developed a wide-ranging patient-facing campaign to try to convey the importance of objective testing to the public with the following downloadable resources:



PATIENT VIDEO



PAMPHLET - ASTHMA



PAMPHLET - COPD

We encourage you to share our online resources with your patients, available at:

🔗 www.ChoosingWiselyCanada.org/Airways.

THIS CAMPAIGN IS LED BY:



THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

SOCIÉTÉ
CANADIENNE DE
THORACOLOGIE



CANADIAN
THORACIC
SOCIETY

THIS CAMPAIGN IS SUPPORTED BY:

The Canadian Society of Allergy and Clinical Immunology

The Family Physicians Airway Group of Canada

The Canadian Society of Internal Medicine

The Canadian Lung Association

The Canadian Society of Respiratory Therapists

Asthma Canada

COPD Canada

The Lung Health Foundation