There is no simple diagnostic test for asthma or COPD. Below is merely a guide to the differential diagnosis.

**Breathless Patient**
- **Patient 35 years and over**
- **Smoker - greater than 15 pack years**

*Chest X-ray if new presentation*

*spirometry (post bronchodilator)*
- **FEV/FVC ratio < 70%**

Yes – Airways obstruction

**Consider either**
- **Serial peak flow**
- **Reversibility test with short acting beta agonist**

*Reversibility less than 400mls?*

*Blood eosinophils <0.3*
- **Low exhaled nitric oxide**

**Yes**

*Consider steroid trial – oral prednisolone 30mg daily for 14 days only*

No/poor response in exercise tolerance

**Chronic obstructive pulmonary disease**

No/poor response

**Asthma**

- **Consider if**
  - Predominantly nocturnal symptoms
  - Day-to-day variability
  - Wheeze
  - Chest tightness
  - Not isolated cough

**PeFR diary may be helpful**

**High exhaled nitric oxide**

**Blood eosinophil count >0.3**

**And/or**

**Trial of treatment followed by review to assess response**

*Poor/no response*

**Reconsider diagnosis eg BNP**

**Poor compliance**

**Poor inhaler technique**

**Hyperventilation**

**Airway reflux (HARQ)**

**Sleep apnoea**

**Referral criteria**

1. Failure to respond to treatment
2. Doubt about diagnosis
3. Unusual treatment requirements
4. Repeated acute exacerbations (>2 per year)
5. Need for nebuliser treatment
6. Occupational exposure

Approved by Hull and East Riding Prescribing Committee March 2018
Review date: March 2021