



ATS/ERS Clinical Guidelines Summary For Interpreting FeNO levels

Measuring airway inflammation with FeNObreath[®] can help monitor the effectiveness of medication and can be used to predict the risk of Asthma attacks^{1*}.

Aid in diagnosis using the FeNObreath[®] FeNO device

FeNO (ppb) Levels	LOW <25ppb (<20ppb in children)	INTERMEDIATE 25-50ppb (20-35ppb in children)	HIGH >50ppb (>35ppb in children) or rise in FeNO of >40% from previously stable levels
Symptomatic (chronic cough and/or wheeze and/or shortness of breath during past 6 wk)	Eosinophilic airway inflammation unlikely Alternative diagnosis Unlikely to benefit from ICS	Be cautious Evaluate clinical context Device change in FeNO over time	Eosinophilic airway inflammation present Likely to benefit from ICS

Alternative considerations (if Allergic Asthma has been dismissed)²

- Non-Allergic Asthma
- Chronic cough
- Vocal Cord Dysfunction
- GERD

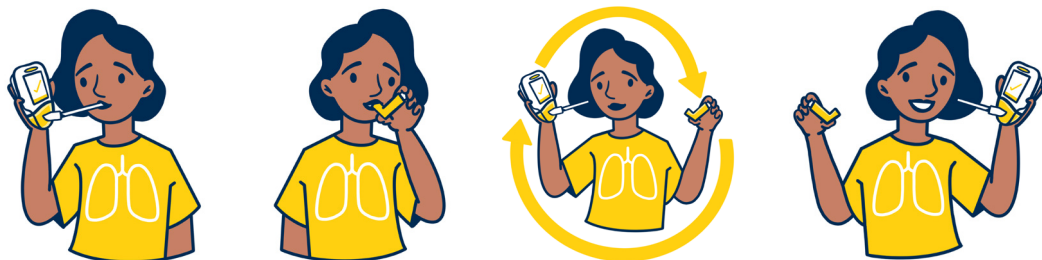
Monitoring (in patients with diagnosed asthma) using the FeNObreath[®] FeNO device

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Symptomatic (chronic cough and/or wheeze and/or shortness of breath during past 6 wk)	Possible alternative diagnosis Unlikely to benefit from increase in ICS	Persistent allergen exposure Inadequate ICS dose Poor adherence Steroid resistance	Persistent allergen exposure Poor adherence or inhaler technique Inadequate ICS dose Risk of Exacerbation Steroid resistance
Symptoms Absent	Adequate ICS dose Good adherence ICS taper	Adequate ICS dosing Good adherence Monitor Change in FeNO	ICS withdrawal or dose reduction may result in relapse

Treatment Planning

FeNO testing with the FeNObreath® couldn't be easier:

Test, Treat, Repeat™



Regular FeNO measurements indicate levels of airway inflammation, which can help Healthcare Professionals personalize treatment plans for patients, by helping titrate ICS dosing and evaluate patient adherence to treatment.

References:

1. J. Saito et al, European Respiratory Journal; Domiciliary diurnal variation of fractional exhaled nitric oxide for asthma control. August 15 2013, v.43, iss.4, pp 474-484.
2. R Dweik et al, Respiratory and Critical Care Medicine; An Official ATS Clinical Practice Guideline: Interpretation of Exhaled Nitric Oxide Levels (FeNO) for Clinical Applications. September 1 2011, v.184, iss.5, pp 602-615.
3. Kharitonov S, Robbins R, Yates D, Keatings V, Barnes P. Acute and chronic effects of cigarette smoking on exhaled nitric oxide. American Journal of Respiratory and Critical Care Medicine. 1995;152(2):609-612.

*FeNO is not a definitive indication of asthma and should be used in conjunction with (but not limited to) spirometry, patient history, symptoms.



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