

Spirometry and Asthma

Spirometry should be performed:

- By office-based physicians[†]
- On asthma patients 5+ years old
- At initial evaluation in whom a diagnosis of asthma is being considered
- After treatment is initiated and symptoms and peak expiratory flow have stabilized
- During periods of progressive or prolonged loss of asthma control
- At least every 1-2 years. Spirometry may be indicated more often than every 1-2 years, depending on the clinical severity and response to management

Asthma Severity	Spirometry Measurements					
	FEV ₁ % Predicted	FEV ₁ / FVC Absolute Ratios *				
		Age 5-11	Age 12-19	Age 20-39	Age 40-59	Age 60-80
Normal	≥ .80	≥ .85	≥ .85	≥ .80	≥ .75	≥ .70
I: Mild Persistent	≥ .80	.80 - .84	≥ .85	≥ .80	≥ .75	≥ .70
II: Moderate Persistent	.60 - .79	.75 ≤ .80	.80 ≤ .85	.75 ≤ .80	.70 ≤ .75	.65 ≤ .70
III: Severe Persistent	< .60	< .75	< .80	< .75	< .70	< .65

NOTE: Measurements should be combined with symptom scores for final asthma severity determination.

* FEV₁ / FVC refers to absolute ratios, not percent predicted.

† When office spirometry shows severe abnormalities, or if questions arise regarding test accuracy or interpretation, further assessment should be performed in a specialized pulmonary function laboratory.