Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/clinicians-roundtable/Asthma-COPD-or-bronchiectasis/54212/

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Is it Asthma, COPD, or Bronchiectasis?

Announcer:
Welcome to *Clinician's Roundtable* on ReachMD. Today, we'll hear from Dr. Geoffrey Chupp, who's the Executive Director of the Yale Center for Asthma and Airways Disease and a Professor at Yale School of Medicine in New Haven. He'll be discussing diagnostic overlap between asthma, COPD, and bronchiectasis.

Here's Dr. Chupp now.

Dr. Chupp:
The diagnostic gray zone between these diseases is actually quite significant, and it exists because the symptoms that patients get with all three of these diseases overlap tremendously and can be very similar. And so, knowing when to look for one of the subgroups of airway disease—whether it's asthma, COPD, or bronchiectasis—differs. And knowing how to shift diagnostically in your approach is a big challenge for clinicians in primary care as well as specialty care.

It's very important to recognize that, while we like to think of these diseases as separate silos—and they are, in a significant proportion of the population of patients with airway disease—I'd say 30 percent or so of the patients that we see with airway disease have over overlapping features or mixed inflammatory profiles. And what that means is that the inflammation and the physiology that's driving in their disease can be mixed.

And so you have to figure out, as a clinician, what the predominant feature is that's driving their symptoms. You often have to treat both of the profiles or three of the subtypes of disease to get a patient under control. So you have to first dissect the disease and understand what contribution each of the subtypes of disease is contributing to the patient's symptoms. And then you make decisions about treatment for each of those things that you've identified as significant.

And it's really important to understand the details of a patient's symptoms because you'll treat the different symptomatology's different depending on what's causing them. 10 or 20 years ago, it didn't matter as much, because we had just a few medications, and we would approach patients with airway symptoms in virtually the same way. And so it didn't matter, but now, it's becoming more important.

And a good example of that is the recent development of specific drugs for bronchiectasis that have shown reductions in exacerbation rates. But it's a very unique agent. It's not used in any of the other diseases, hasn't been studied, and so you really have to make that diagnosis of bronchiectasis as a driver of a patient's symptoms over COPD or asthma in order to select that drug.

Announcer:
That was Dr. Geoffrey Chupp talking how to navigate diagnostic overlap between airway diseases. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD. com, where you can Be Part of the Knowledge. Thanks for listening!

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