

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/frontlines-copd/recognizing-asthma-copd-overlap-clinical-clues-and-diagnostic-strategies/35541/>

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Recognizing Asthma-COPD Overlap: Clinical Clues and Diagnostic Strategies

Announcer:

Welcome to *On the Frontlines of COPD* on ReachMD. On this episode, we'll hear key strategies for diagnosing asthma-COPD overlap syndrome from Mr. Brian Bizik. He's a physician assistant who serves as the Respiratory Care Coordinator for Terry Reilly Health Centers in Boise and Nampa, Idaho. Here's Mr. Bizik now.

Mr. Bizik:

When we're considering asthma-COPD overlap, it's a very interesting condition because we have two distinct entities in asthma and COPD, but in this case, we have patients with features of both. We think of asthma often diagnosed in childhood and often with an allergic component. It's a disease we understand, and we know how to treat it. Usually, we think of COPD with tobacco exposure or other environmental or occupational exposure, and it's this progressive disease that gets worse over time, and there's effect in the lung all day, every day. So they are two distinct entities, but some patients really do have features of both. So while it's not a third disease—both the GINA guidelines and the GOLD COPD guidelines say this isn't a third disease—it is a distinct state that patients can be in where they have two disease characteristics, and both of those disease characteristics play a role in how we're going to treat them and how we're going to approach that patient.

When it comes to diagnosing asthma-COPD overlap, the most important thing, in my opinion, is you've got to be thinking about it. If you have a patient that maybe you've been treating for asthma for a long time, if you're not thinking, "Hey, this patient also smokes, and they've had a tobacco exposure now for 20 years or 30 years; are they starting to develop features of COPD? is some of their typical response to albuterol not quite as robust as it was? do the medications I'm using make sense for this patient if, over time, the change in their lungs now means they have a little more of this COPD condition?" And likewise, you could be treating somebody with COPD. Are we thinking about it? Are we considering that there could be asthmatic components? Maybe they had asthma as a child, or maybe they have allergic aspects to their disease that are getting worse over time.

So when it comes to assessing biomarkers and features of asthma-COPD overlap, you could look at it two ways. One would be there's no specific test for this condition. I look at it just the opposite. Every test is viable. All the tests we would consider for asthma—looking at serum eosinophils, sputum eosinophils, total serum IgE, pheno, or even skin testing—all of those are valid in the COPD patient that also may have asthma, so I'm going to at least consider those. They may not be right every time, but now, if they've got COPD and I'm considering this asthma component, then those are valid. And likewise, when I'm doing pulmonary function tests or spirometry on a patient with asthma, then I'm considering that COPD could be a part of it. So all of the ways we approach asthma and all of the ways we approach COPD diagnostically and the biomarkers we consider are fair game and need to be considered when it comes to the patient who might have asthma-COPD overlap.

Announcer:

That was Mr. Brian Bizik talking about the diagnosis of asthma-COPD overlap syndrome. To access this and other episodes in our series, visit *On the Frontlines of COPD* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!