Measuring airway inflammation with NObreath® can help monitor the effectiveness of medication and can be used to predict the risk of Asthma attacks*:  

### Interpreting FeNO Readings using NObreath® FeNO Monitor

#### ATS/ERS Clinical Guidelines summary for using FeNO to assist diagnosis & management of Asthma

Measuring airway inflammation with NObreath® can help monitor the effectiveness of medication and can be used to predict the risk of Asthma attacks. 

#### Aid in diagnosis using the NObreath® FeNO monitor

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

#### Alternative considerations (if Allergic Asthma has been dismissed)

1. Non-Allergic Asthma
2. Chronic cough
3. Vocal Chord Disfunction
4. GERD

#### Monitoring (in patients with diagnosed asthma) using the NObreath® FeNO monitor

<table>
<thead>
<tr>
<th>FeNO (ppb) Levels</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Symptomatic</td>
<td>Possible alternative diagnosis.</td>
<td>Persistent allergen exposure</td>
<td>Persistent allergen exposure</td>
</tr>
<tr>
<td>(chronic cough and/or wheeze and/or shortness of breath during past 6 wk)</td>
<td>Unlikely to benefit from increase in ICS</td>
<td>Inadequate ICS dose</td>
<td>Poor adherence or inhaler technique</td>
</tr>
<tr>
<td></td>
<td>Adequate ICS dose</td>
<td>Adequate ICS dosing</td>
<td>ICS withdrawal or dose reduction may result in relapse</td>
</tr>
<tr>
<td>Symptoms Absent</td>
<td>Good adherence</td>
<td>Good adherence</td>
<td>Poor adherence or inhaler technique</td>
</tr>
<tr>
<td></td>
<td>ICS taper</td>
<td>Monitor Change in FeNO</td>
<td></td>
</tr>
</tbody>
</table>

### Monitoring (in patients with diagnosed asthma) using the NObreath® FeNO monitor

- **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

- **Symptoms Absent**
  - Adequate ICS dose
  - Good adherence
  - ICS taper

**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**
FeNO testing with the NObreath® couldn’t be easier:

**Test, Treat, Repeat™**

Regular FeNO measurements indicate levels of airway inflammation, which can help to tailor asthma diagnosis and management, whilst also helping to evaluate ICS dosing and the effectiveness of inhaler technique.

References:

*FeNO is not a definitive indication of asthma and should be used in conjunction with (but not limited to) spirometry, patient history, symptoms.
**Allergic = Eosinophilic / Non-Allergic = Non-Eosinophilic
***Smoking has been shown to reduce exhaled NO (FeNO)*

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