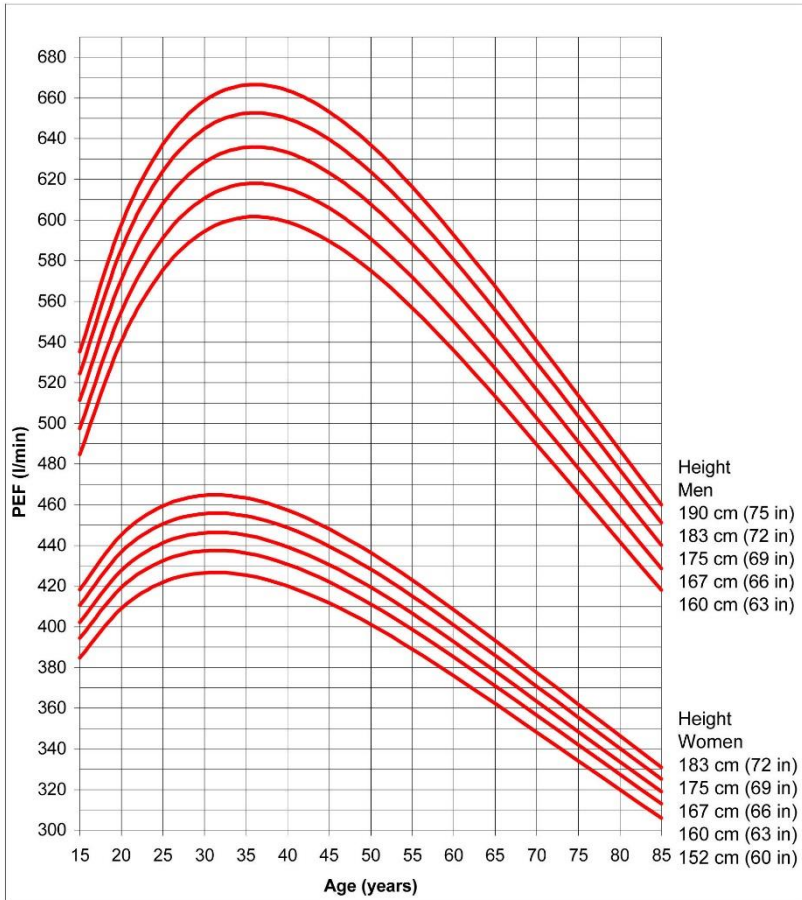


# PEAK EXPIRATORY FLOW RATES

Peak expiratory flow in normal adult subjects



Adapted with permission from Nunn AJ Gregg I, Br Med J 1989;298;1068-70 and Clement Clarke International.

**CALCULATING % PREDICTED PEAK FLOW RATE**

- Take the best of 3 of the patient's observed peak flow rates (l/min):  
e.g. 200, 180, 190 performed – so take 200.
- Find the patient's sex, age and height predicted value from the nomogram.  
e.g. 440 l/min for a woman of age 25 years and height 167 cm
- Divide patient's observed peak flow rate over their predicted peak flow rate: e.g.  $200/440 = 0.45$
- Multiply by 100: e.g.  $0.45 \times 100 = 45\%$

So, in this example, the patient's observed peak flow rate is 45% of their predicted.

**CALCULATING BRONCHODILATOR RESPONSIVENESS USING PEAK FLOW IN ADULTS**

Perform peak flow testing and select the best of the 3 values to use as the pre-bronchodilator peak flow.

- Administer salbutamol 400 µg using a metered dose inhaler and spacer without a mask.
- Wait 15 minutes before repeating peak flow
- Repeat peak flow testing to obtain a post-bronchodilator peak flow.
- Subtract the pre-bronchodilator reading from the post-bronchodilator reading.
- Divide the difference by the pre-bronchodilator reading.
- Multiply by 100.

For example, a patient with readings that improve from 300 to 400, has reversibility of 33%. Measurements that improve by >20% strongly suggest a diagnosis of asthma. (See Sections 16.1: Asthma, acute and 16.2: Asthma, chronic persistent).

**CALCULATING PEAK FLOW VARIABILITY IN CHILDREN AND ADULTS**

- Perform peak flow measurements 4 times per day spread over the course of the day.
- Subtract the lowest reading of each day from the highest reading.
- Calculate the mean/average reading by adding all 4 readings from that day and dividing total by 4.
- Calculate PEF variability:

$$\text{PEF variability} = \frac{(\text{Highest PEF} - \text{Lowest PEF})}{\text{Mean PEF}} \times 100.$$

Determine this value on each day over two weeks, and average the results. Excessive diurnal PEF variability defined as >10% in adults and >12% in children strongly supports a diagnosis of asthma.

**ASTHMA CONTROL TEST™**

This is a validated measure of clinical asthma control that can be completed by the patient (after initial instruction) at each visit to the clinic prior to consultation. A value of  $\geq 19$  suggests adequate asthma control.

Online version of the test is accessible at: <https://www.asthmacontroltest.com/>

*Reference: Nathan RA, Sorkness CA, Kosinski M, Schatz M, Li JT, Marcus P, Murray JJ, Pendergraft TB. Development of the asthma control test: a survey for assessing asthma control. J Allergy Clin Immunol. 2004 Jan;113(1):59-65. <http://www.ncbi.nlm.nih.gov/pubmed/14713908>*