

# Diagnostic criteria for asthma in adults and adolescents

## Feature

Symptoms or features that support the diagnosis of asthma

Wheeze, shortness of breath, chest tightness and cough

More than one type of respiratory symptom (in adults, isolated cough is seldom due to asthma)

Symptoms occur variably over time and vary in intensity

Symptoms are often worse at night or on waking

Symptoms are often triggered by exercise, laughter, allergens, cold air

Symptoms often appear or worsen with viral infections

## Symptoms

### 12-39 years old:

#### symptoms

Sneezing, itching, blocked nose, throat-clearing Dyspnea, inspiratory wheezing (stridor)

Dizziness, paresthesia, sighing Productive cough, recurrent infections

Excessive cough and mucus production Cardiac murmurs Shortness of breath, family history of early onset of symptom

#### Condition:

Chronic upper airway cough syndrome Inducible laryngeal obstruction

Hyperventilation, dysfunctional breathing

Bronchiectasis

Cystic fibrosis

Congenital heart disease

Alpha1-antitrypsin deficiency

Inhaled foreign body

**+40 years:**

**symptoms**

Dyspnea, inspiratory wheezing (stridor)

Dizziness, paresthesia, sighing

Cough, sputum, dyspnea on exertion, smoking or noxious exposure

Productive cough, recurrent infections

Dyspnea with exertion, nocturnal symptoms, ankle edema

Treatment with angiotensin converting enzyme (ACE) inhibitor

Dyspnea with exertion, non-productive cough, finger clubbing, chest pain

Dyspnea, unresponsive to bronchodilators

**Condition:**

Inducible laryngeal obstruction

Hyperventilation, dysfunctional breathing

COPD\*

Bronchiectasis

Cardiac failure

Medication-related cough

Parenchymal lung disease

Pulmonary embolism

Central airway obstruction

**CONFIRMED VARIABLE EXPIRATORY AIRFLOW LIMITATION**

**Expiratory airflow limitation:**

At a time when FEV is reduced, confirm that FEV/FVC is reduced compared with the lower limit of normal (it is usually >0.75-0.80 in adults)

**Positive bronchodilator (BD) responsiveness reversibility test:**

Adults: increase in FEV1 of >12% and >200 mL (greater confidence if increase is >15% and >400 mL)

**Excessive variability in twice-daily PEE over 2 weeks:**

Adults: average daily diurnal PEF variability >10%\*

Significant increase in lung function after 4 weeks of anti-inflammatory treatment:

Adults: increase in FEV1 by >12% and >200 mL (or PEFT by >20%) from baseline  
after 4 weeks of treatment outside respiratory infections

Positive exercise challenge test:

Adults fall in FEV1 of >10% and >200 mL from baseline

Positive bronchial challenge test:

Fall in FEV1 from baseline of  $\geq 20\%$  with standard doses of methacholine, or 215%

Excessive variation in lung function between visits:

Adults: variation in FEV of >12% and >200 mL between visits. outside of respiratory infections