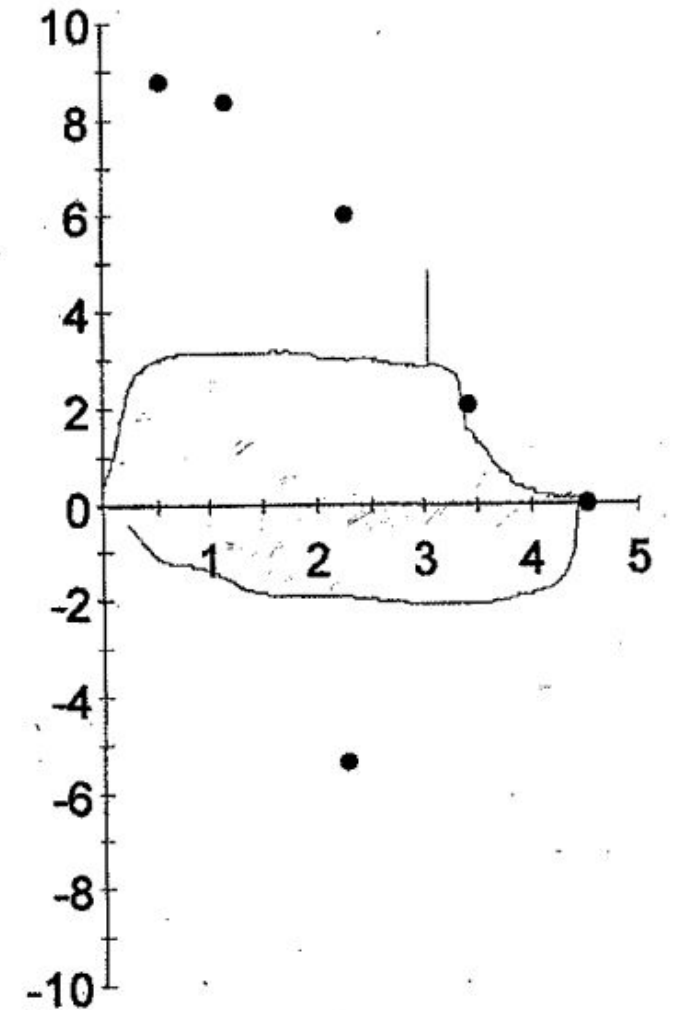


Interpreting **WEIRD** Spirometry

Kevin Collins, PhD, RRT, RPFT, AE-C
Associate Professor
Department of Respiratory Care
Texas State University – Round Rock
Campus



Disclosures

- President, Association of Asthma Educators
- Presenter has a financial relationship with Health.edu and ContinuED.com
- Director, NIOSH Spirometry Training Center – Texas State University
- This presentation does not focus exclusively on any specific product or service

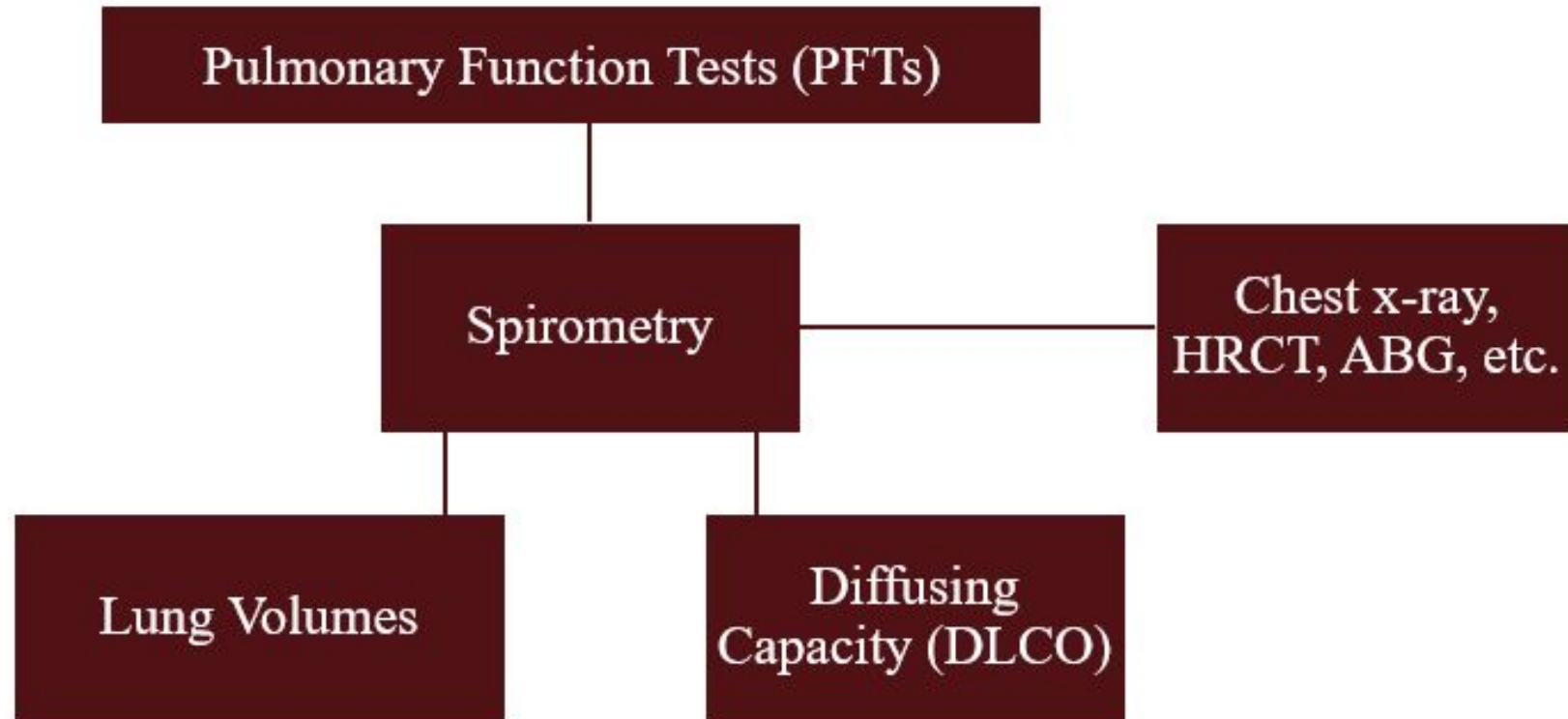
Objectives

At the end of this presentation participants will be able to

- Recognize the important components of the American Thoracic Society's guidelines for spirometry testing
- Classify normal versus abnormal spirograms
- Identify the strategies used in spirometry interpretation

Pulmonary Function Testing

1



Spirometry Maneuver

2



Spirometry Maneuver

3



ATS Criteria: 3 acceptable & repeatable spirometry maneuvers = Spirometry Test

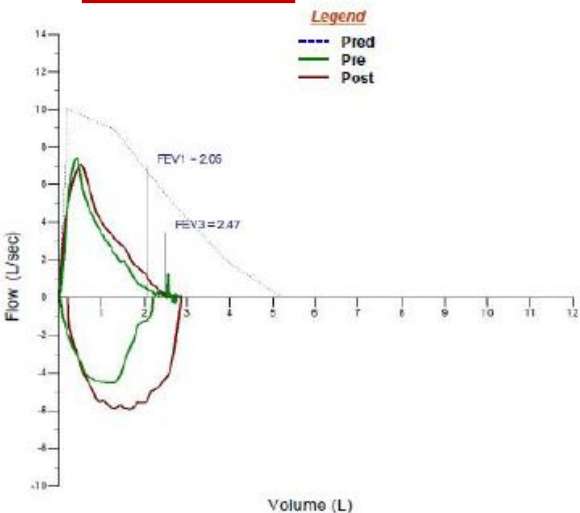
1) Patient Demographics & Medical History:

Spirometry (BTPS)

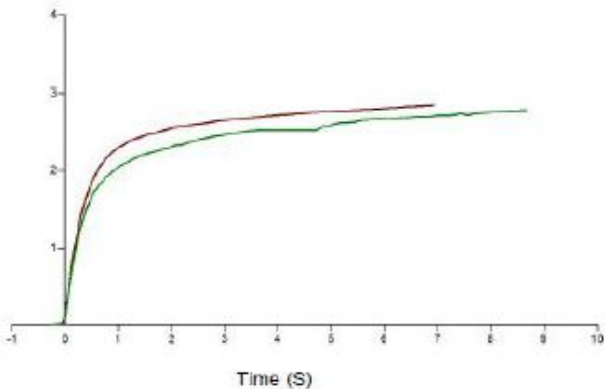
Pre Bronchodilator

		Actual	LLN	ULN	Predicted	% Pred	Z-score
StartTime		11:04	---	---	---	---	---
FVC	L	2.82	3.93	6.54	5.23	54	-3.07
FEV ₁	L	2.05	2.91	4.92	3.94	52	-2.90
FEV ₁ / FVC	%	73	63	87	76	96	-0.39
FEF ₂₅₋₇₅	L/s	1.24	1.39	5.26	3.01	41	-1.84
PEFR	L/s	7.68	7.37	12.71	10.04	76	---

2)

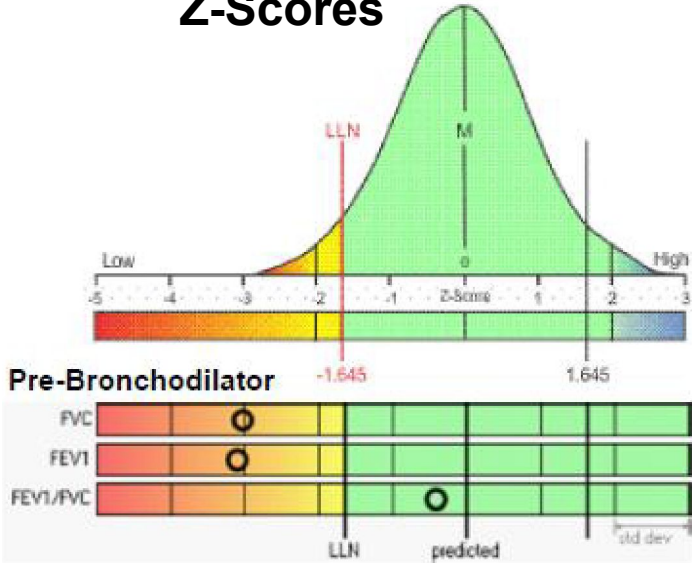


Flow-Volume Loop



Volume-Time Curve

Bell Curve with Z-Scores



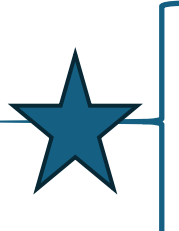
*LLN = -1.645

*Lower Limit of Normal

3) Technologist's Comments:

4) Interpretation:

Definition of Spirometry Indices



<u>Description</u>	<u>Abbreviation</u>
Forced vital capacity	FVC (L)
Forced expiratory volume in 1 second	FEV ₁ (L)
FEV ₁ /FVC ratio	FEV _{1%} ---
Forced expiratory flow during the middle half of the FVC	FEF ₂₅₋₇₅ (L/s)
Forced Inspiratory Flow 50%	FIF ₅₀ (L/s)
Forced Expiratory Flow 50%	FEF ₅₀ (L/s)
Forced Inspiratory Vital Capacity	FIVC (L)
Peak expiratory flow rate	PEFR (L/s)
Forced expiratory time	FET (sec)

*2019 ERS/ATS Standards for Spirometry

6

AMERICAN THORACIC SOCIETY DOCUMENTS

Standardization of Spirometry 2019 Update

An Official American Thoracic Society and European Respiratory Society
Technical Statement

Brian L. Graham, Irene Steenbruggen, Martin R. Miller, Igor Z. Barjaktarevic, Brendan G. Cooper, Graham L. Hall, Teal S. Hallstrand, David A. Kaminsky, Kevin McCarthy, Meredith C. McCormack, Cristine E. Oropez, Margaret Rosenfeld, Sanja Stanojevic, Maureen P. Swanney[†], and Bruce R. Thompson; on behalf of the American Thoracic Society and the European Respiratory Society

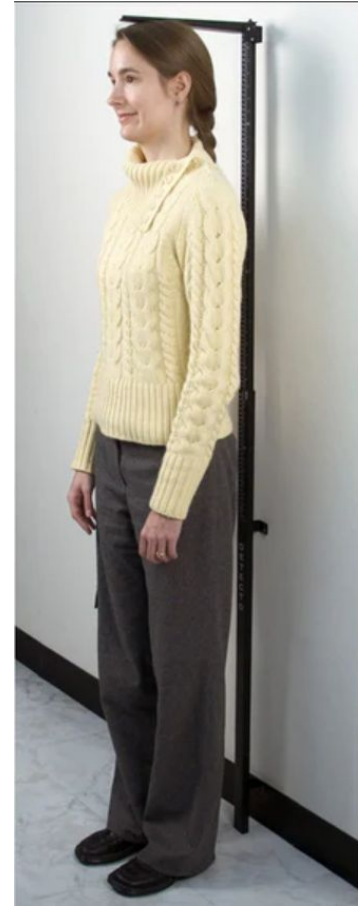
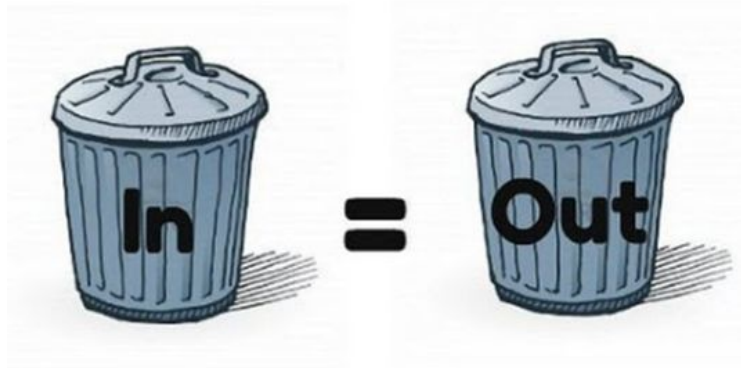
- Pre-Test Procedures:
 - Anthropometric measurements; Calibration, BTPS Correction, Reference Values, Pt. history, activities to avoid prior to testing.
- Spirometry acceptability and repeatability criteria for a valid test.
- Training and experience of the operator conducting spirometry testing.

***Ignore these standards at your own
peril!**

Spirometry: Accuracy versus Precision

Accuracy - the extent to which measurement of a known quantity results in approximating that quantity (i.e., volume and flow rates).

Precision - the extent to which repeated measurements of the same quantity can be reproduced (repeatability of FVC & FEV₁).



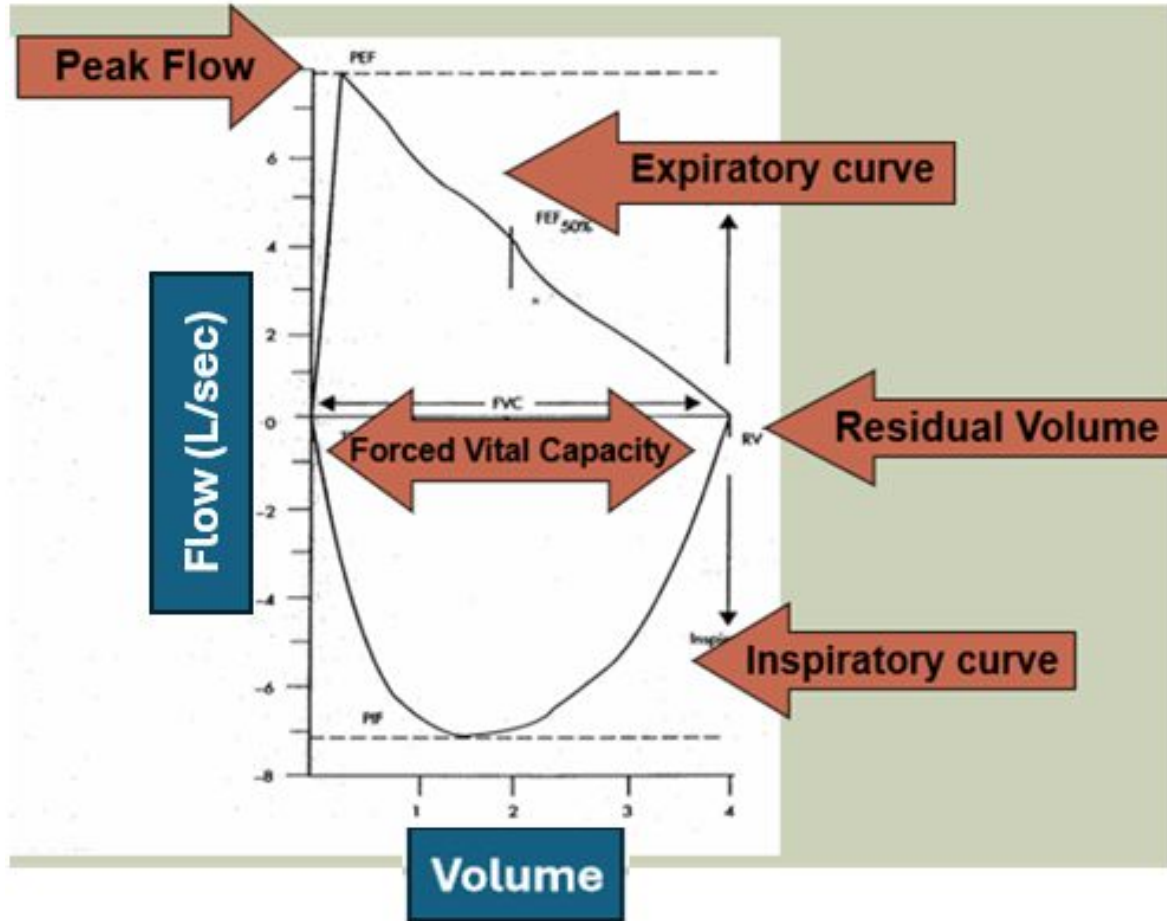
Stadiometer

**Who is
conducting
spirometry
testing in your
clinic?**

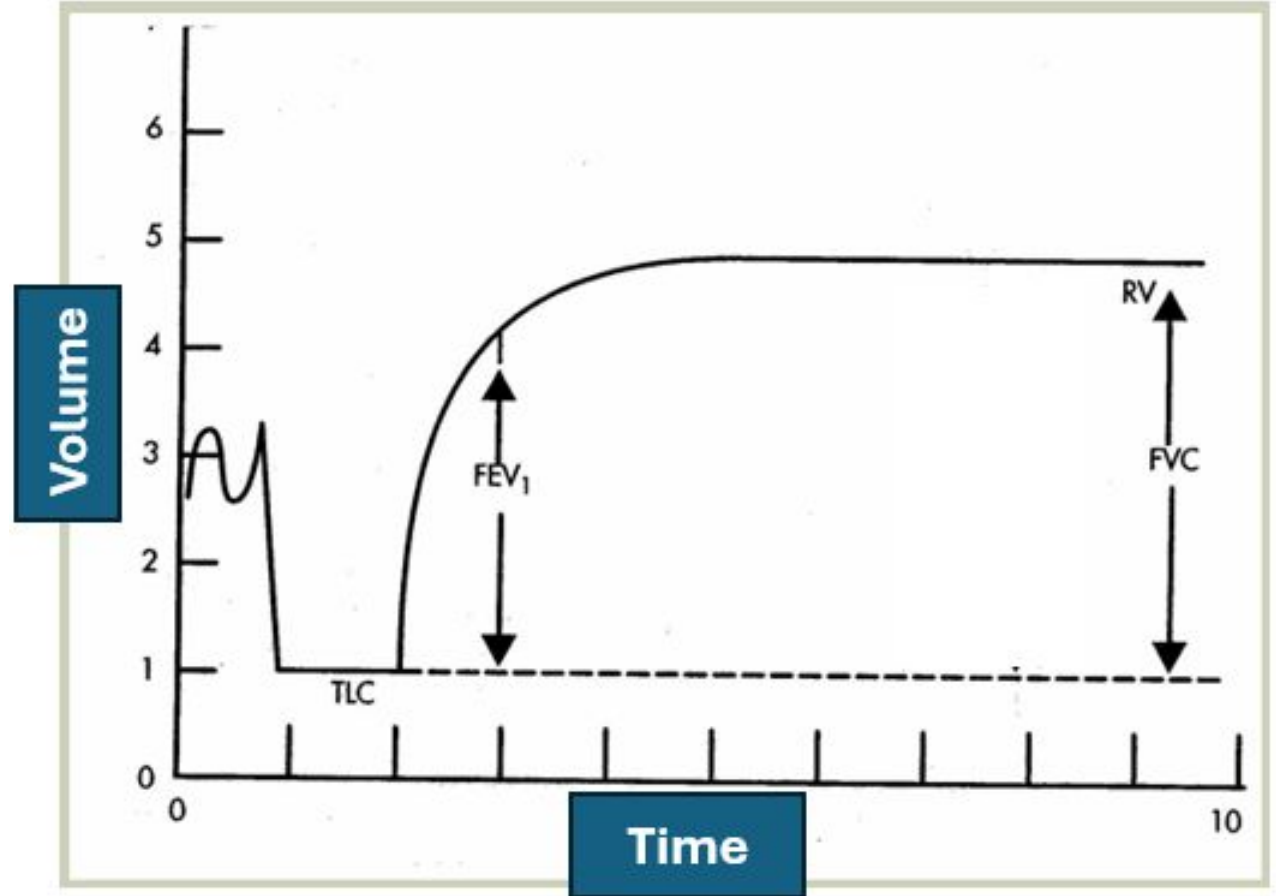


Spirometry: Normal Spirograms

9



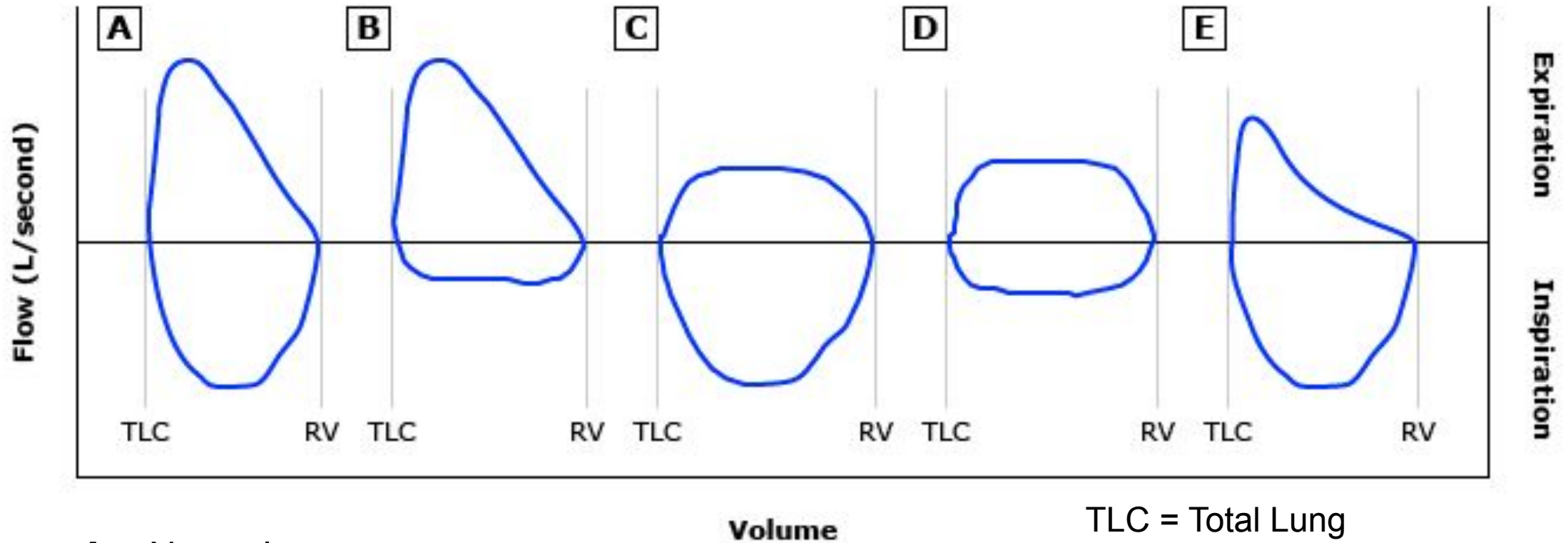
Flow-Volume
Loop



Volume-Time
Curve

Flow-Volume Loops in Different Types of Physiologic Airway Obstruction

10



A = Normal

B = Variable extrathoracic obstruction

C = Variable intrathoracic obstruction

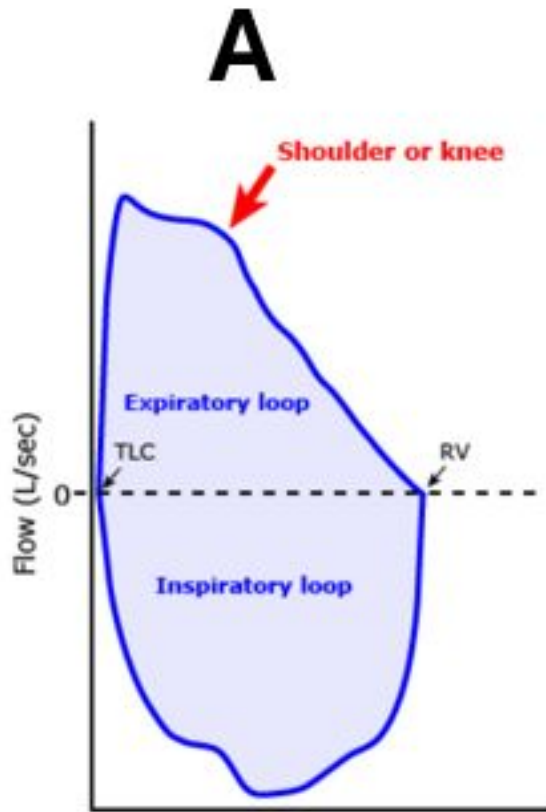
D = Fixed airway obstruction (intra or extrathoracic)

E = Lower airways obstruction

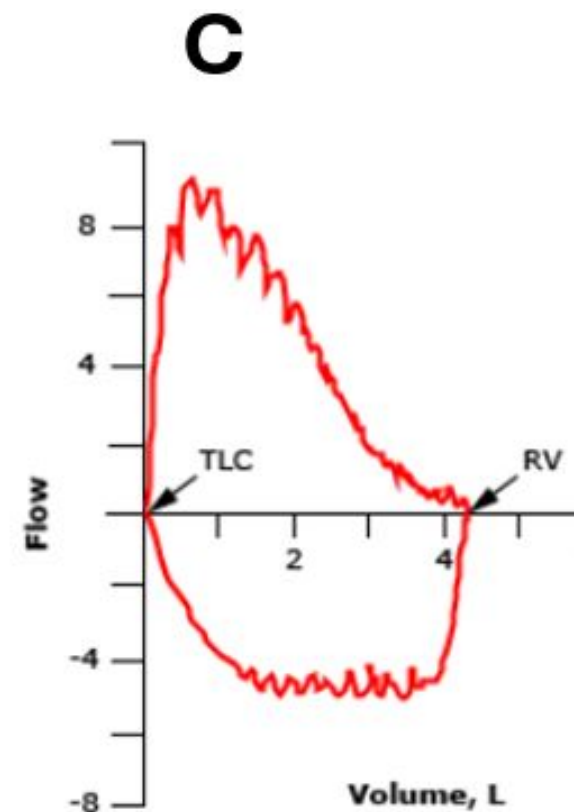
TLC = Total Lung Capacity
RV = Residual Volume

Identification of Flow-Volume Loops

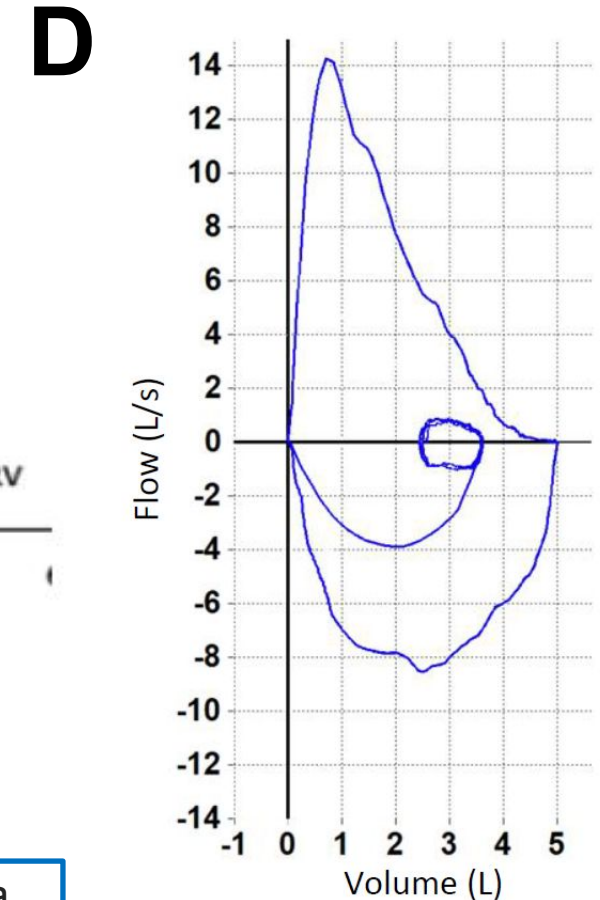
11



A & B: Flow-volume loops showing a "knee" pattern, which is a normal variant seen in young adults.



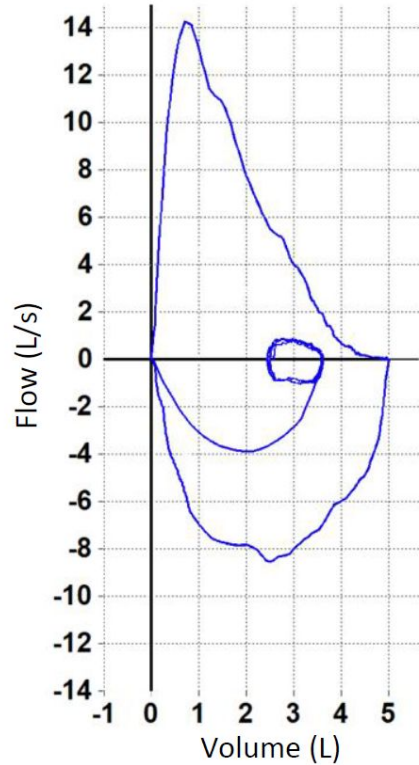
C. Obstructive sleep apnea showing a saw-tooth pattern.



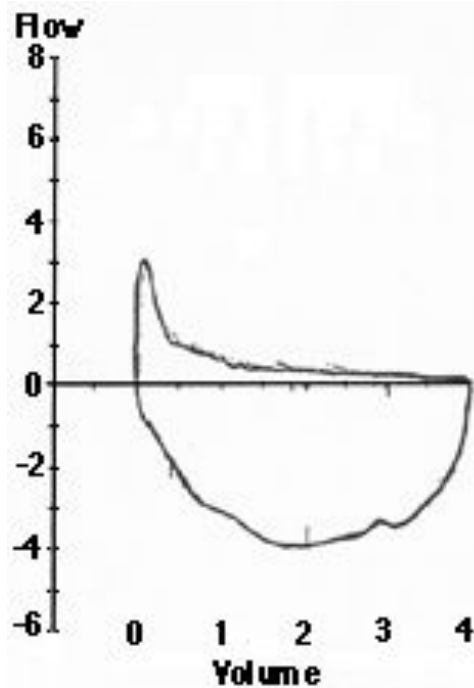
D. Suboptimal Inhalation (the expiratory curve does not match the inspiratory curve).

Spirometry: Abnormal Flow-Volume Loops

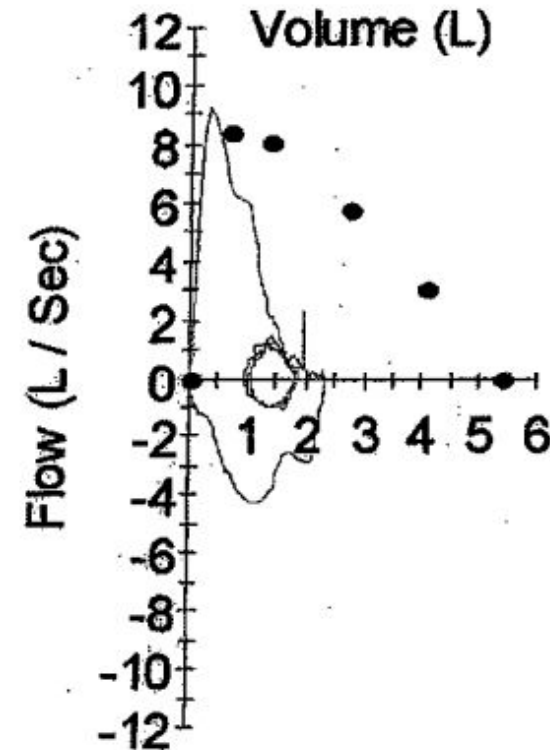
12



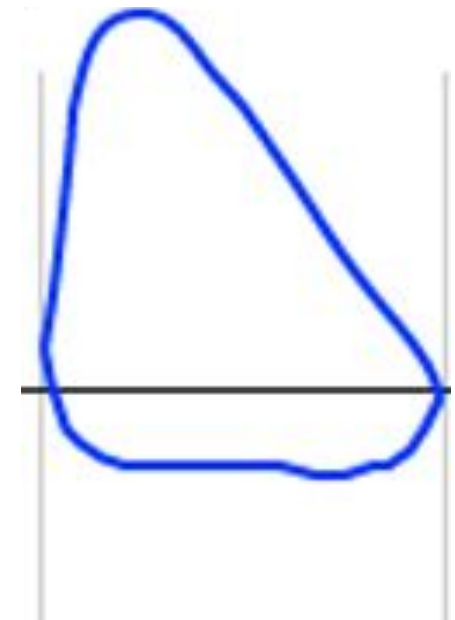
Normal



**Obstruction
(Lung
Impairment)**

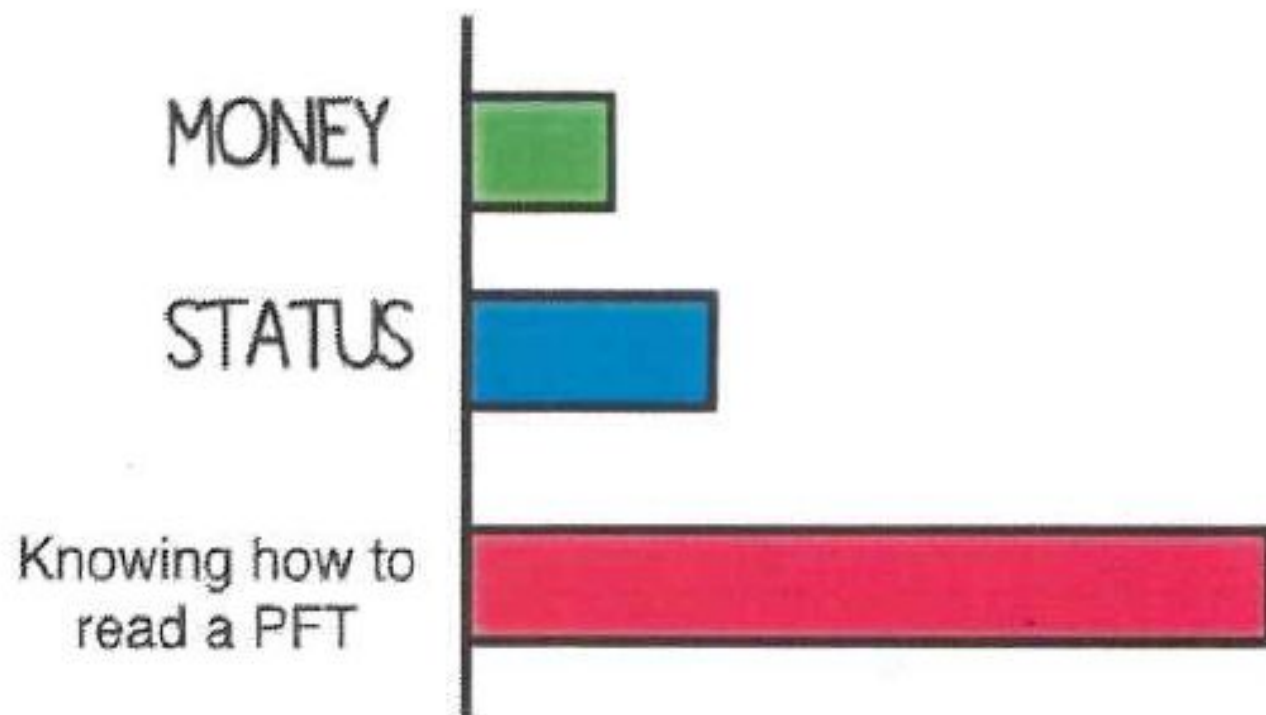


**Restriction
(Lung
Impairment)**



**Extrathoracic
(Upper Airway
Impairment)**

WHAT GIVES PEOPLE **power**



Interpretative Strategies for Lung Function Tests



EUROPEAN RESPIRATORY JOURNAL
ERS OFFICIAL DOCUMENTS
S. STANOJEVIC ET AL.

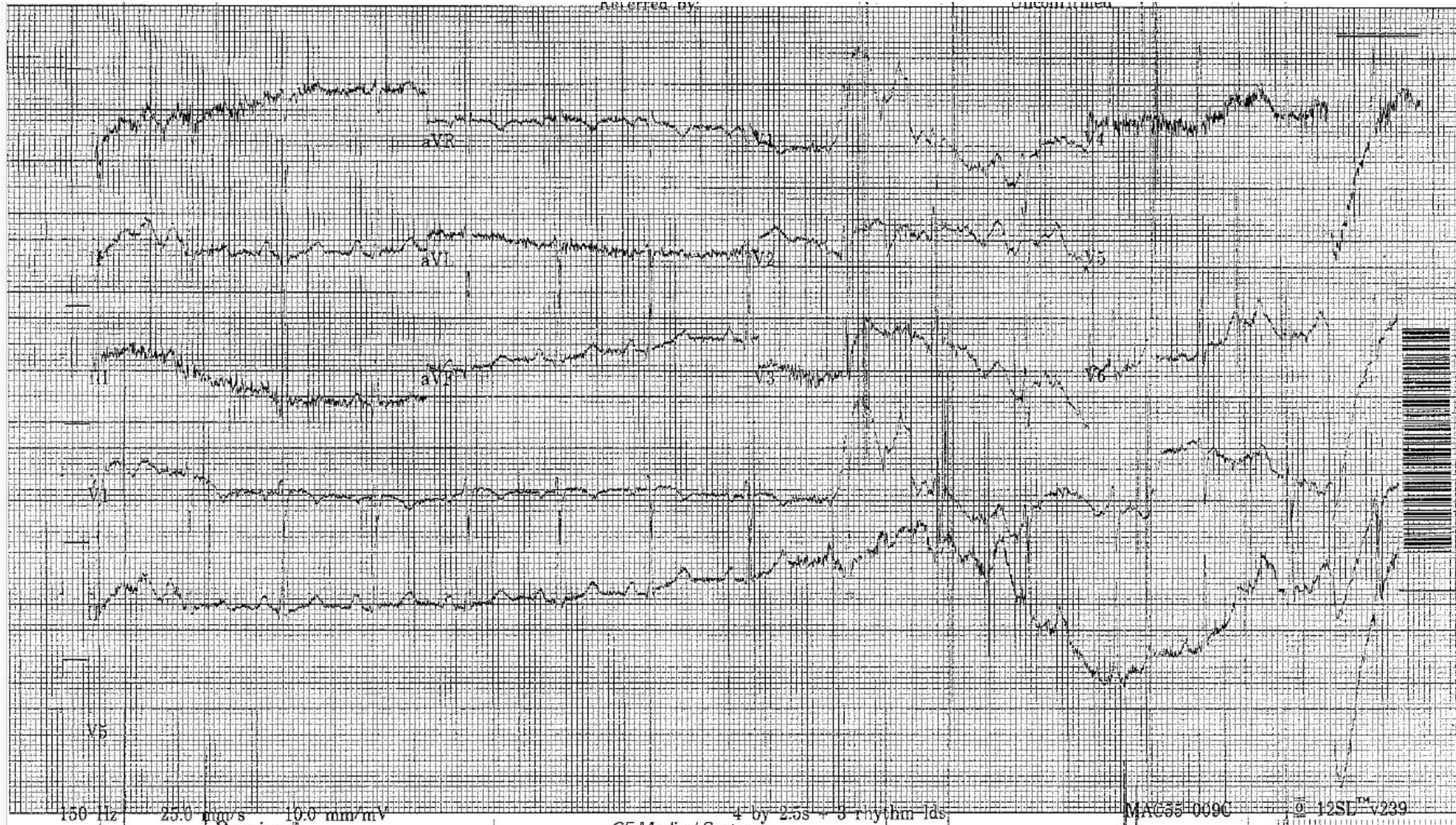
ERS/ATS technical standard on interpretive strategies for routine lung function tests

Sanja Stanojevic ¹, David A. Kaminsky², Martin R. Miller ³, Bruce Thompson⁴, Andrea Aliverti⁵, Igor Barjaktarevic⁶, Brendan G. Cooper⁷, Bruce Culver⁸, Eric Derom⁹, Graham L. Hall¹⁰, Teal S. Hallstrand⁸, Joerg D. Leuppi^{11,12}, Neil MacIntyre¹³, Meredith McCormack¹⁴, Margaret Rosenfeld¹⁵ and Erik R. Swenson^{8,16}

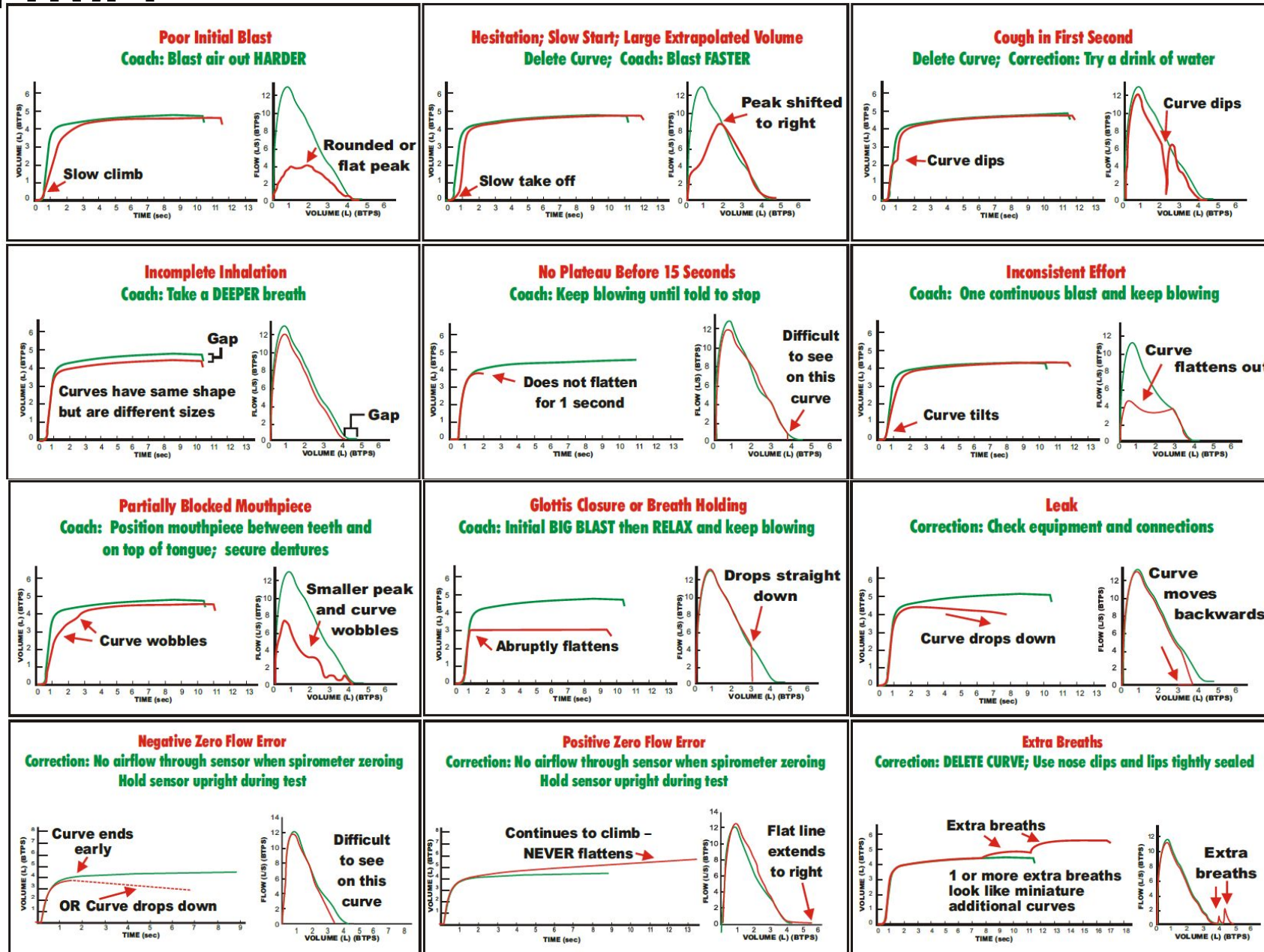
Stanojevic S, Kaminsky DA, Miller MR, et al. ERS/ATS technical standard on interpretive strategies for routine lung function tests. Eur Respir J 2022; 60: 2101499 [DOI: 10.1183/13993003.01499-2021]

Interpretation of Results: 12-Lead EKG

15

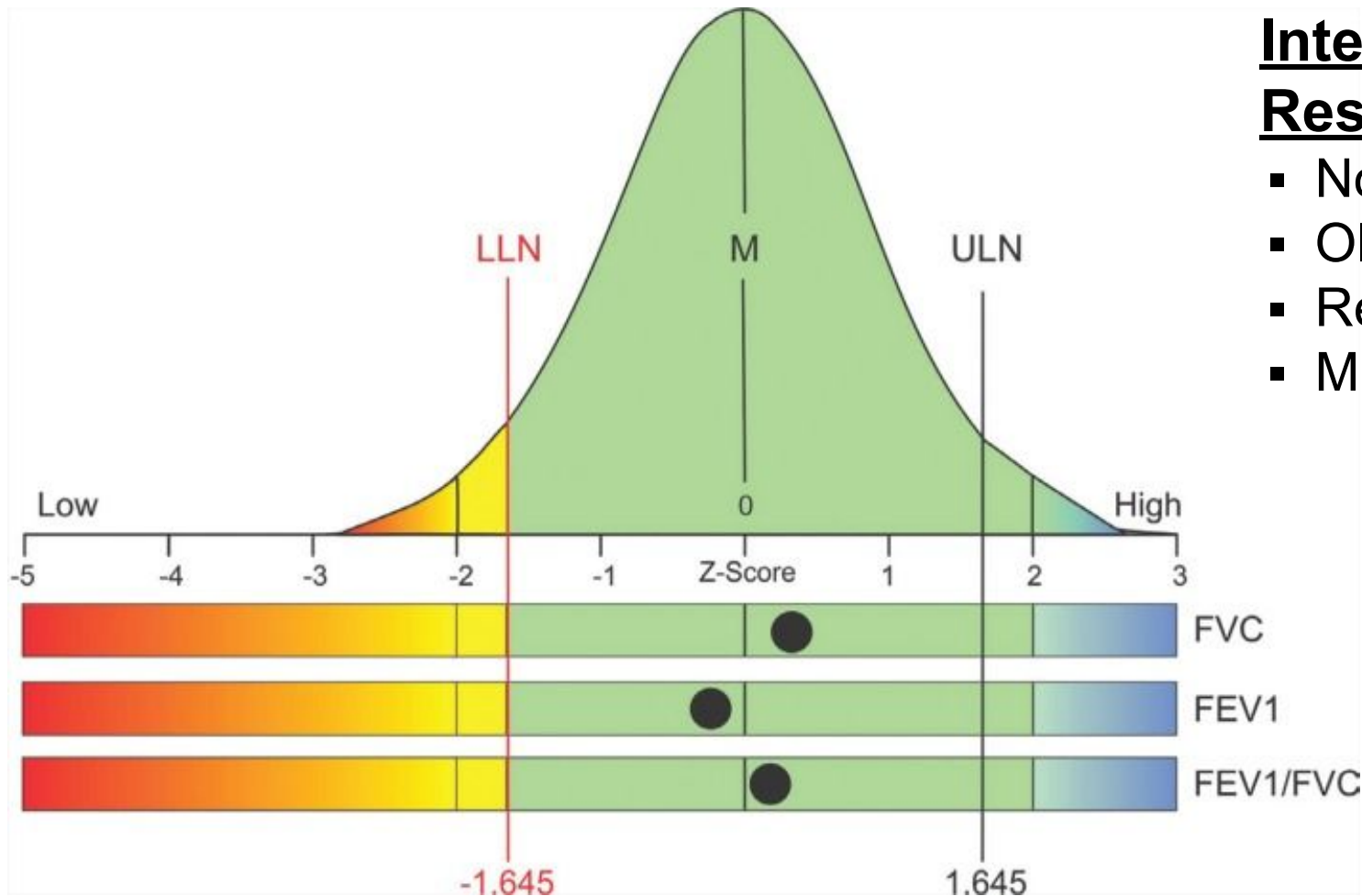


Interpretation of Results: Spirometry Technical Errors



Interpretation of Lung Function Tests: Z-Scores and the Lower Limit of Normal (LLN)

17



Interpretation of Spirometry Results

- Normal
 - Obstruction
 - Restriction
 - Mixed Pattern
- }] Lung Impairment

Lung Impairment

Mild: -1.645 to -2.5

Moderate: -2.51 to -4.0

Severe: Less than -4.1

Spirometry Report

18

Caucasian male, age 52; Predicted equation: GLI (Quanjer)

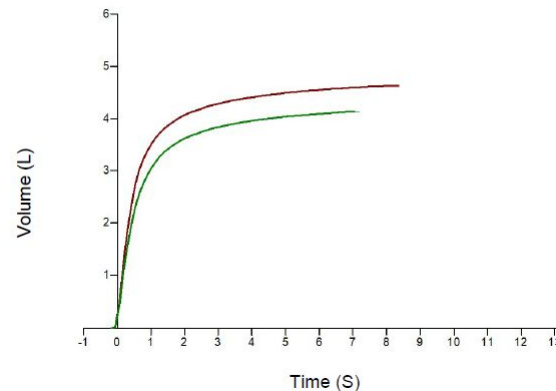
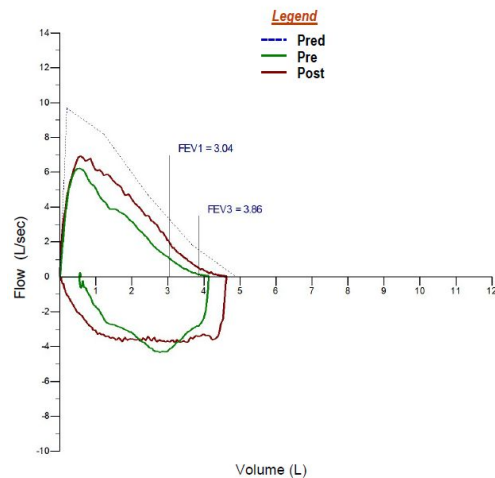
2012

Pre Bronchodilator

Spirometry (BTPS)

Spirometry (BTPS)		Actual	LLN	ULN	Predicted	% Pred	Z-score
StartTime		----	----	----	----	----	----
FVC	L	4.13	3.81	6.01	4.90	84	-1.16
FEV ₁	L	3.04	2.97	4.67	3.84	79	-1.53
FEV ₁ / FVC	%	74	67	88	79	94	-0.72
FEF ₂₅₋₇₅	L/s	2.38	1.80	5.56	3.42	70	-0.99
PEFR	L/s	6.23	7.37	12.01	9.69	64	----

Volume (L)



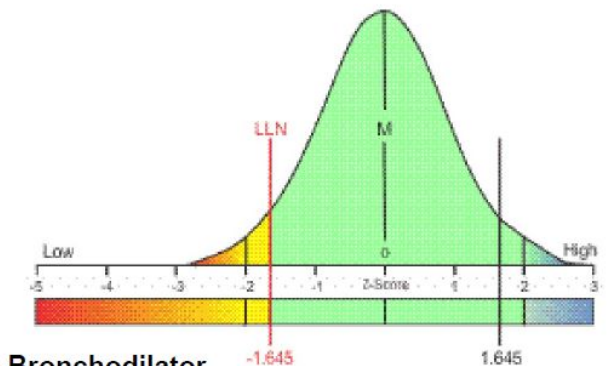
Lung Impairment

Mild: -1.645 to -2.5

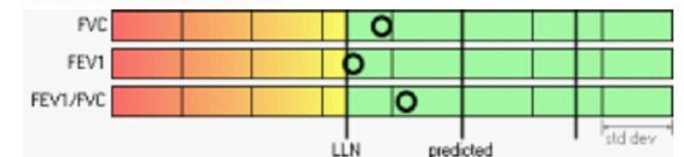
Moderate: -2.51 to -4.0

Severe: Less than -4.1

Interpretation:
Normal
spirometry



Pre-Bronchodilator



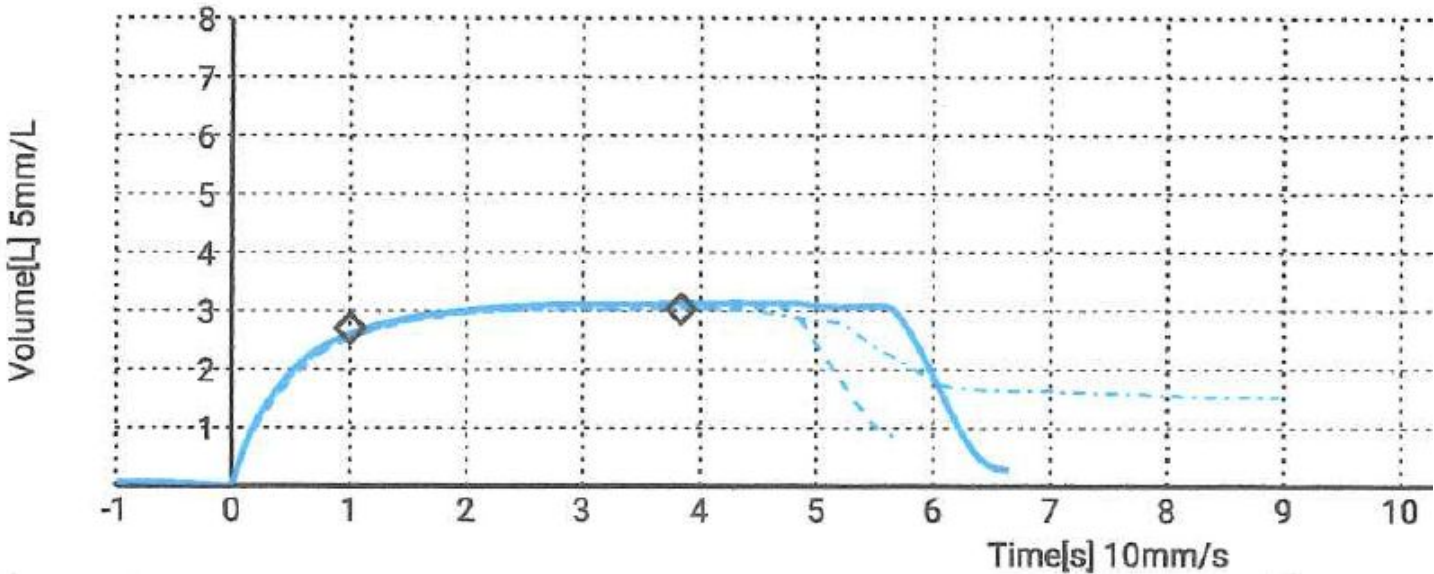
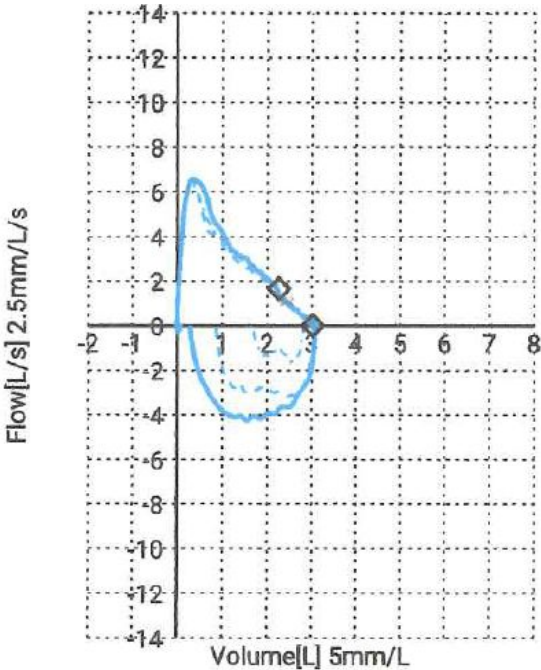
Spirometry: Chief Complaint = Asthma Symptoms

21-year-old, Hispanic female; Dx: Mild Persistent Asthma; Predicted Equation: GLI (Quanjer) 2012

Test1 10/25/2023 13:28

Parameter	Best	LLN	Z-sc.	%Pred	Pred	Trial3	Trial1	Trial2
FVC[L]	3.14	2.45	0.33	103.9	3.03	3.14	3.06	3.04
FEV1[L]	2.60	2.17	-0.29	96.5	2.70	2.60	2.53	2.53
FEV1/FVC	0.83	0.79	-1.02		0.89	0.83	0.83	0.83
FEF2575[L/s]	2.56	2.24		75.8	3.38	2.56	2.45	2.54
PEF[L/s]	6.58	-		-	-	6.58	6.54	6.32

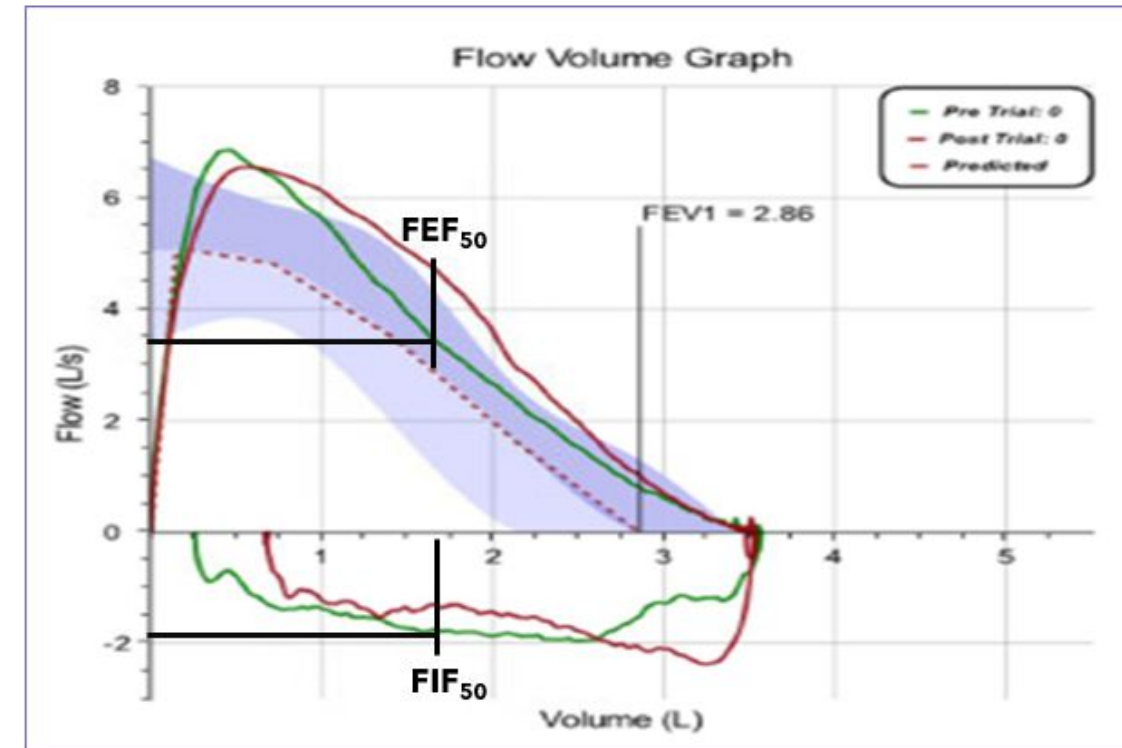
Interpretation:
Normal
Lung Impairment
Mild: -1.645 to -2.5
Moderate: -2.51 to -4.0
Severe: Less than -4.1



Spirometry: **13-year-old, Hispanic female; no previous diagnosis of asthma.** Chief Complaint = **Dyspnea**

Parameter	Units	Pre-Bronchodilator				
		Result	LLN	ULN	Z-score	%Pred
FVC	L	3.57	2.30	3.42	2.07	125
FEV ₁	L	2.86	2.05	3.03	1.05	112
FEV ₁ / FVC	%	80	79	98	-1.52	89
FEF ₂₅₋₇₅	L/s	2.71	2.15	4.43	-0.78	84
PEFR	L/s	6.86	3.39	6.73	---	136
FET	s	6.68	6.00	---	---	---
BEV	L	0.07	---	---	---	---
PIFR	L/s	3.22	---	---	---	96
FEF ₅₀ /FIF ₅₀		174	---	---	---	---

Reference: GLI 2017 Test Quality: Pre BD: FEV₁ = A, FVC = A



1st Provider's Interpretation: Normal Spirometry

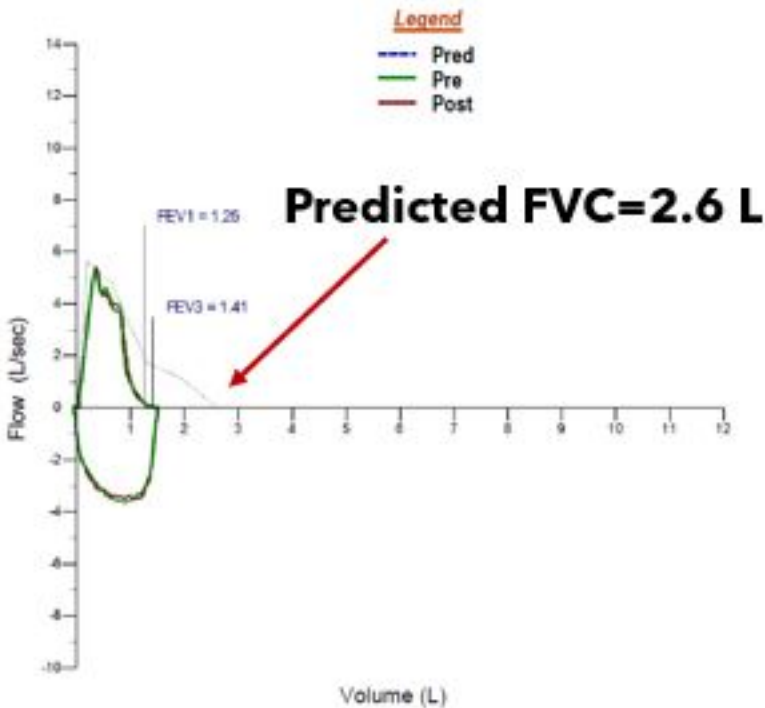
2nd Provider's Interpretation: Vocal Cord Dysfunction

Flow-Volume Loop reveals reduced flows on inspiration (FIF_{50%}), i.e., Extrathoracic Obstruction.

Spirometry Results: Post-COVID

Name: **Anonymous Doe** MRN: ********* Sex: **F** DOB: **7/30/1967** Age: **54** Race: **C**
Height: **57.3 in** Weight: **215 lb** BMI: **46.1**
ICD-10 **Chronic respiratory failure with hypoxia**

Spirometry (BTPS)		Pre Bronchodilator					
		Actual	LLN	ULN	Predicted	% Pred	Z-score
StartTime		10:13	----	----	----	----	----
FVC	L	1.49	2.01	3.22	2.60	57	-3.17
FEV ₁	L	1.25	1.62	2.57	2.10	60	-2.86
FEV ₁ / FVC	%	84	69	91	81	104	0.48
FEF ₂₅₋₇₅	L/s	1.78	1.18	3.46	2.17	82	-0.59
PEFR	L/s	5.26	4.25	7.01	5.63	93	----



Interpretation: Moderate restriction.

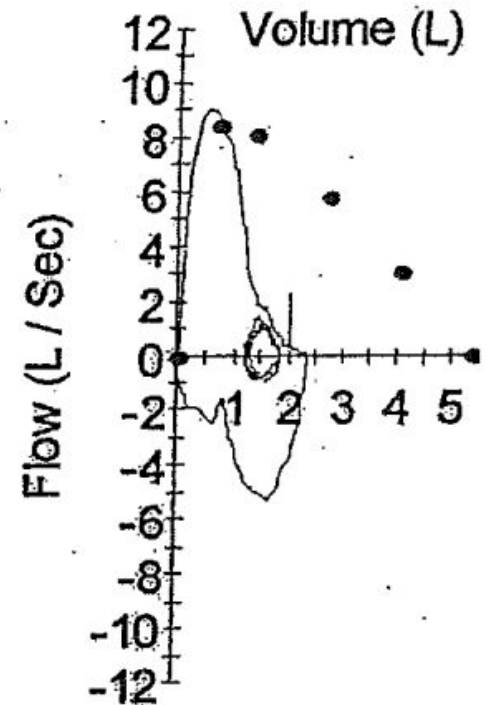
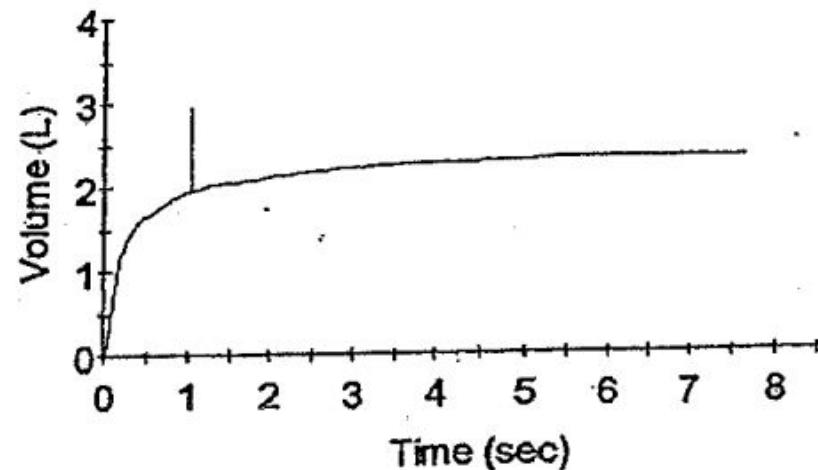
- Lung Impairment**
- Mild: -1.645 to -2.5
 - Moderate: -2.51 to -4.0
 - Severe: Less than -4.1

Spirometry: Restrictive Lung Impairment

<u>SPIROMETRY</u>	<u>Pred.</u>	<u>Actual</u>	<u>%Pred.</u>
FVC (L)	6.36	2.32	37
FEV1 (L)	5.00	2.01	40
FEV1/FVC (%)	79	87	110
FEF 25-75% (L/sec)	5.14	2.90	56
FEF Max (L/sec)	11.21	10.03	90

Characteristics of a Restrictive Pattern

- Volumes are proportionally reduced
- Increased FEV₁/FVC ratio
- Normal or near normal flow rates



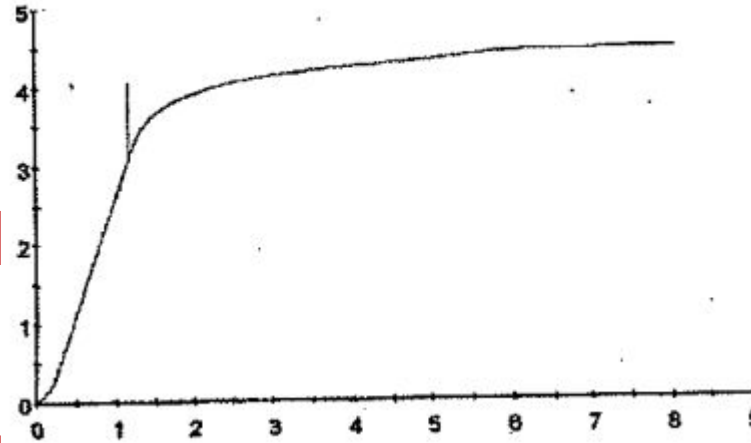
Spirometry: Fixed Airway Obstruction

PRE-BRONCH

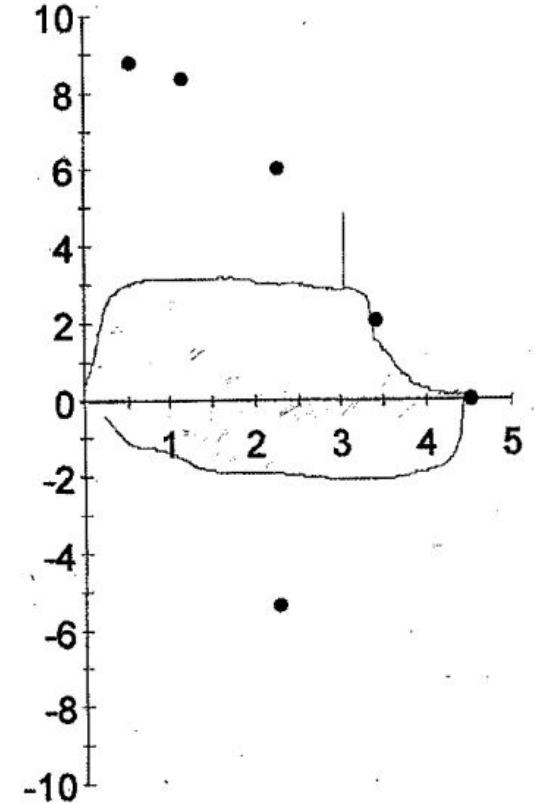
	Actual	Pred.	%Pred.
--	--------	-------	--------

SPIROMETRY

FVC (L)	4.46	4.55	98
FEV1 (L)	3.06	3.61	85
FEV1/FVC (%)	69	79	87
FEF 25% (L/sec)	3.11	8.37	37
FEF 50% (L/sec)	2.97	6.05	49
FEF 75% (L/sec)	2.40	2.04	118
FEF 25-75% (L/sec)	2.98	3.97	75
FEF Max (L/sec)	3.15	8.74	36
FIVC (L)	4.21		
FIF 50% (L/sec)	1.97	5.34	37
FIF Max (L/sec)	2.13		



Volume-Time Curve



Flow-Volume Loop

Characteristics of Fixed Airway Obstruction

- Reduced inspiratory (FIF50%) & expiratory flows (FEF50%)
- Flattened Flow-Volume Loop
- Normal or near normal exhaled volume (i.e., FVC)

Spirometry: Before and After Bronchodilator Study

Name: **Anonymous Doe** MRN: ********* Sex: **F** DOB: **10/3/1985** Age: **37** Race: **C**

Height: **66 in** Weight: **290 lb** BMI: **46.9**

ICD-10 **Moderate persistent asthma, uncomplicated**

Tech: **Jeff Haynes RRT RPFT FAARC** Attending: **M F. Mirza, M.D.** Referring: **Pamela Ali, M.D.**

ATS/ERS compliant tests earn a  : Spiro  DLCO  VTG Predicteds: Spiro GLI 2012, DLCO GLI 2017, LV Quanjer

Spirometry (BTPS)		Pre Bronchodilator						Post Bronchodilator				
		Actual	LLN	ULN	Predicted	% Pred	Z-score	Actual	% Pred	Abs Chg	% Change	Z-score
StartTime		08:30	----	----	----	----	----	09:17	----	----	--	----
FVC	L	2.96	3.19	4.82	3.99	74	-2.12	4.15	104	1190 mL	40	0.33
FEV ₁	L	1.74	2.62	3.91	3.28	53	-3.73	3.01	92	1270 mL	73	-0.67
FEV ₁ / FVC	%	59	72	92	83	71	-3.05	73	88	----	24	-1.45
FEF ₂₅₋₇₅	L/s	0.86	2.11	4.98	3.42	25	-3.73	2.17	63	1.31 L/s	152	-1.56
PEFR	L/s	3.85	5.50	9.16	7.33	53	----	6.96	95	3.11 L/s	81	----

Interpretation: Moderate obstruction with a significant response to the bronchodilator.

Spirometry: Before and After Bronchodilator Study

25

Name: Anonymous Doe

MRN: *****

Sex: F

DOB:10/3/1985

Age: 37

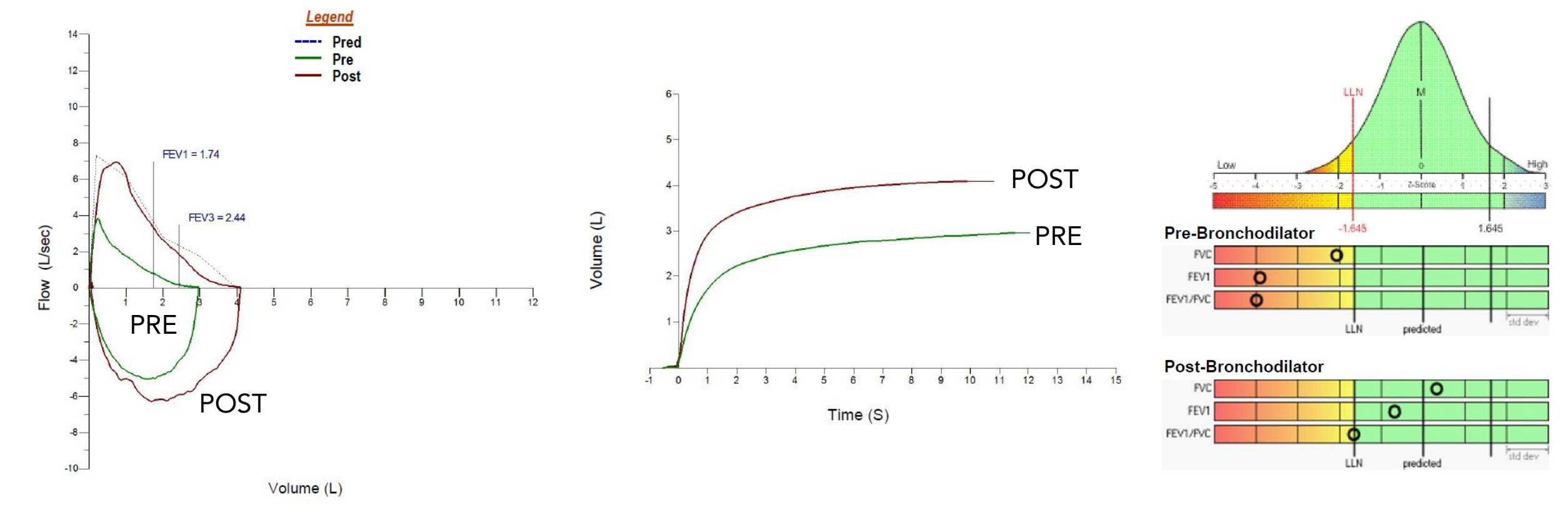
Race: C

Height: 66 in

Weight: 290 lb

BMI: 46.9

ICD-10 Moderate persistent asthma, uncomplicated



Spirometry: Severe Obstruction

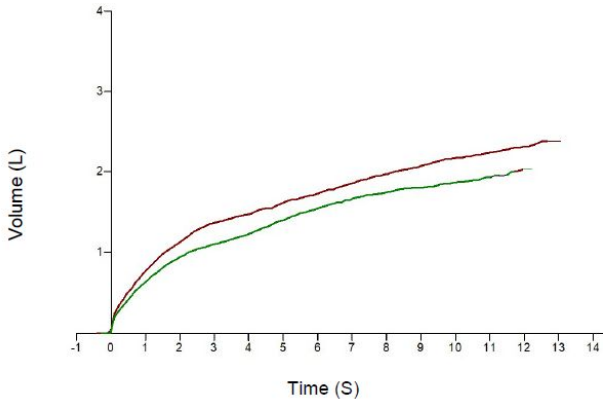
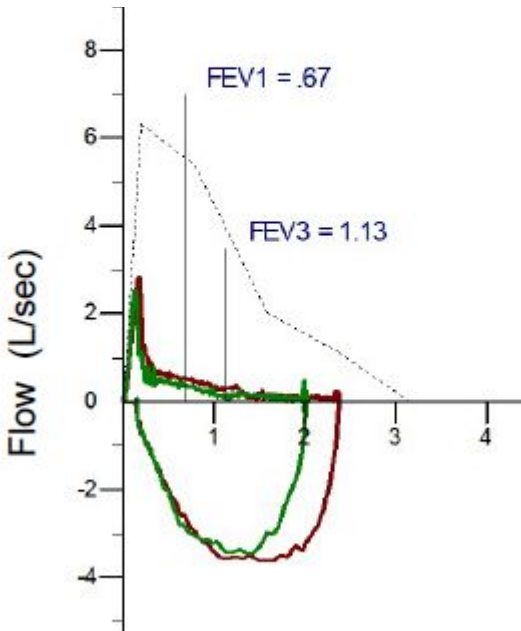
Name: Anonymous Doe MRN: ***** Sex: F DOB: 4/1/1962 Age: 60 Race: C

Height: 64 in Weight: 92 lb BMI: 15.8

ICD-10 Chronic obstructive pulmonary disease, unspecified

Spirometry (BTPS)

		Pre Bronchodilator					
		Actual	LLN	ULN	Predicted	% Pred	Z-score
StartTime		13:09	----	----	----	----	----
FVC	L	2.03	2.40	3.97	3.16	64	-2.46
FEV ₁	L	0.67	1.88	3.08	2.49	27	-4.65
FEV ₁ / FVC	%	33	67	90	79	42	-4.71
FEF ₂₅₋₇₅	L/s	0.19	1.16	3.75	2.27	8	-4.14
PEFR	L/s	2.89	4.60	8.04	6.32	46	----



Interpretation: Severe airways obstruction

Lung Impairment

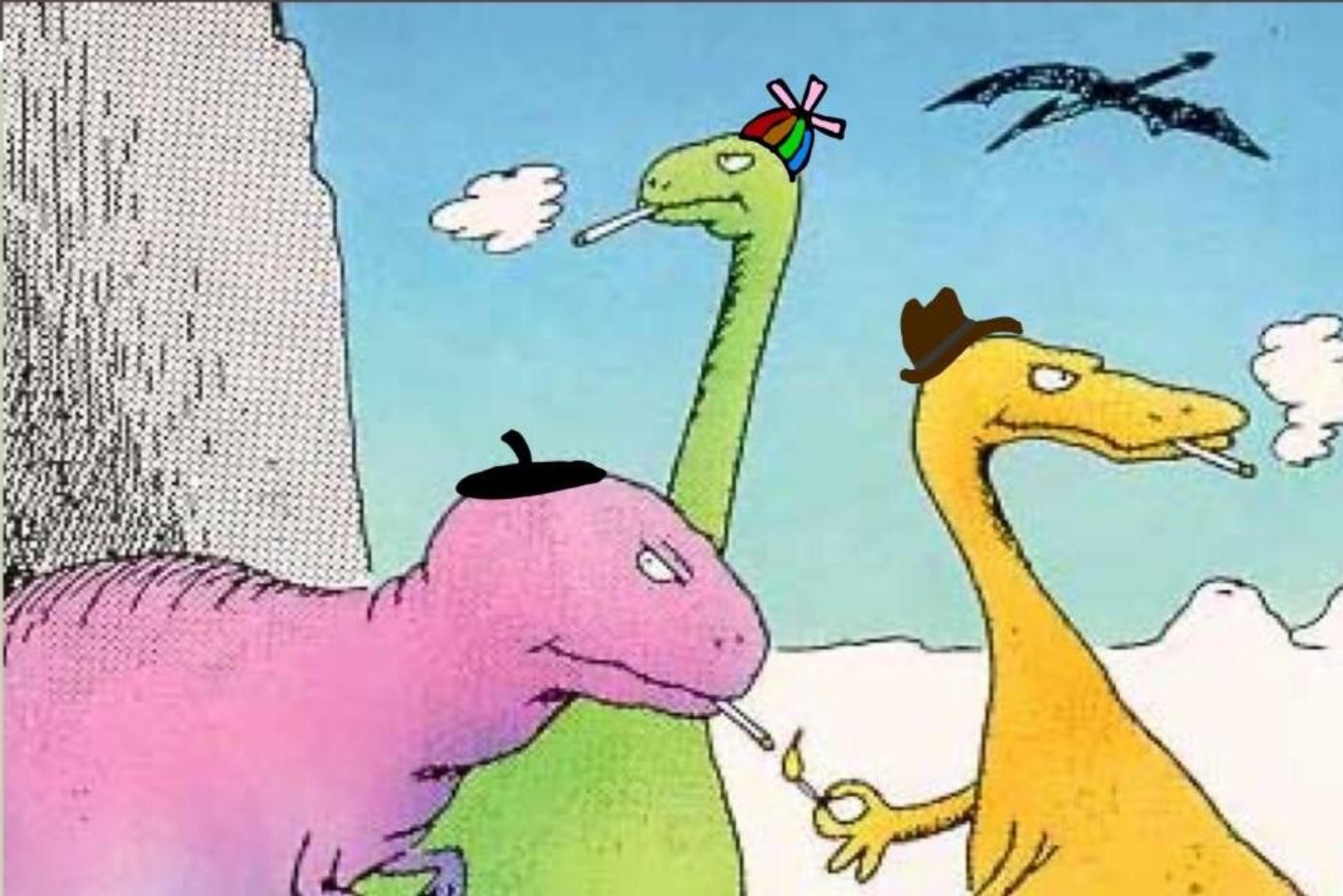
- Mild: -1.645 to -2.5
- Moderate: -2.51 to -4.0
- Severe: Less than -4.1

Interpretative Strategies for Lung Function Tests

Interpretation of technically acceptable PFT results has three key aspects:

- 1) Classification of observed values as within/outside the normal range (i.e., reference equation).
- 2) Functional classification of the identified impairment (i.e., obstruction).
- 3) Integration of clinical data to inform the diagnosis and guide therapy.

The Reason Why Dinosaurs Became Extinct!



Thank You!

kc35@txstate.edu

QUESTIONS?