

Interpreting FeNO Readings² using FeNObreath™ FeNO Monitor

ATS/ERS Clinical Guidelines Summary for Interpreting FeNO Levels

Measuring airway inflammation with FeNObreath® can help monitor the effectiveness of medication and can be used to predict the risk of Asthma attacks^{1*}.

Aid in diagnosis using the FeNObreath® FeNO monitor

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
Symptomatic (chronic cough and/or wheeze and/or shortness of breath during past 6 wk)	Eosinophilic airway inflammation unlikely Alternative diagnosis Unlikely to benefit from ICS	Be cautious Evaluate clinical context Monitor change in FeNO over time	Eosinophilic airway inflammation present Likely to benefit from ICS

Alternative considerations (if Allergic Asthma has been dismissed)²

- Non-Allergic Asthma
- Chronic cough
- Vocal Cord Dysfunction
- GERD

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

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
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	Persistent allergen exposure Inadequate ICS dose Poor adherence Steroid resistance	Persistent allergen exposure Poor adherence or inhaler technique Inadequate ICS dose Risk of Exacerbation Steroid resistance
Symptoms Absent	Adequate ICS dose Good adherence ICS taper	Adequate ICS dosing Good adherence Monitor Change in FeNO	ICS withdrawal or dose reduction may result in relapse

Treatment Planning

FeNO testing with the FeNObreath® couldn't be easier:

Test, Treat, Repeat™



Regular FeNO measurements indicate levels of airway inflammation, which can help Healthcare Professionals personalize treatment plans for patients, by helping titrate ICS dosing and evaluate patient adherence to treatment.

References:

1. J. Saito et al, European Respiratory Journal; Domiciliary diurnal variation of fractional exhaled nitric oxide for asthma control. August 15 2013, v.43, iss.4, pp 474-484.
2. R Dweik et al, Respiratory and Critical Care Medicine; An Official ATS Clinical Practice Guideline: Interpretation of Exhaled Nitric Oxide Levels (FENO) for Clinical Applications. September 1 2011, v.184, iss.5, pp 602-615.
3. Kharitonov S, Robbins R, Yates D, Keatings V, Barnes P. Acute and chronic effects of cigarette smoking on exhaled nitric oxide. American Journal of Respiratory and Critical Care Medicine. 1995;152(2):609-612.

*FeNO is not a definitive indication of asthma and should be used in conjunction with (but not limited to) spirometry, patient history, symptoms.



MGC Diagnostics Corporation
and its subsidiary Medisoft SA
350 Oak Grove Parkway, St. Paul, MN USA, 55127
Tel: +1 800 950 5597
1 Route de la Voie Cuivrée 5503 Sorinnes, Belgium
Tel: +32(0) 82 22 30 20
Web: www.mgcdiagnostics.com



Bedfont® Scientific Ltd.
Station Road, Harrietsham, Maidstone,
Kent, ME17 1JA England
Tel: +44 (0)1622 851122 Fax: +44 (0)1622 854860
Email: ask@bedfont.com Web: www.bedfont.com



Stephen Rowe
Cristimar E4-1, Avenida Juan Carlos
I, Los Cristianos, Arona, 38650, Santa
Cruz De Tenerife, Spain

R_xonly

Issue 5 - April 2022, Part No: LAB725_MGC
Bedfont® Scientific Limited reserves the right to change or
update this literature without prior notice.
Registered in: England and Wales. Registered No: 1289798

