

Provincial PFT Recommendations Project

Developing approaches and information to guide selection of the “*right*” Pulmonary Function Test (PFT) for the “*right*” reason for the “*right*” patient

Supporting family physicians’ awareness, confidence, and consistency in selecting the most prudent lung tests for the most common pulmonary presentations encountered in primary care



Why does this matter?

- Over **600,000** Albertans have a current diagnosis of asthma or Chronic Obstructive Pulmonary Disease (COPD) (*Alberta Health Interactive Health Data Application (2019)*)
- An estimated **20-70%** of patients are undiagnosed due to the underuse of post-bronchodilator spirometry*
- In **33%** of Canadian adults seen by a specialist, asthma couldn't be established objectively despite a recent physician diagnosis*
- Up to **6%** of patients diagnosed with asthma instead had an unrecognized **serious cardiorespiratory condition***

**Aaron SD et al. Underdiagnosis and Overdiagnosis of Asthma. 2018*

Recommendations for common pulmonary presentations

Asthma – **Spirometry**

COPD – **Spirometry**

Chronic (or subacute) Cough - **Spirometry**

Interstitial lung disease – *Full PFT*

Undifferentiated shortness of breath – *Full PFT*

Practice Reflections

- Consider ordering of appropriate objective measure of lung function testing before a trial of medication as per recommendations
- Consider accessing *Netcare* to find lung testing results
- Consider use of the HQCA Panel Report for Asthma; visit request.hqca.ca to sign up online

Interested in learning more? Contact us at:
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