

BOX 3–1. KEY INDICATORS FOR CONSIDERING A DIAGNOSIS OF ASTHMA

Consider a diagnosis of asthma and performing spirometry if any of these indicators is present.* These indicators are not diagnostic by themselves, but the presence of multiple key indicators increases the probability of a diagnosis of asthma. Spirometry is needed to establish a diagnosis of asthma.

- Wheezing—high-pitched whistling sounds when breathing out—especially in children. (Lack of wheezing and a normal chest examination do not exclude asthma.)
- History of any of the following:
 - Cough, worse particularly at night
 - Recurrent wheeze
 - Recurrent difficulty in breathing
 - Recurrent chest tightness
- Symptoms occur or worsen in the presence of:
 - Exercise
 - Viral infection
 - Animals with fur or hair
 - House-dust mites (in mattresses, pillows, upholstered furniture, carpets)
 - Mold
 - Smoke (tobacco, wood)
 - Pollen
 - Changes in weather
 - Strong emotional expression (laughing or crying hard)
 - Airborne chemicals or dusts
 - Menstrual cycles
- Symptoms occur or worsen at night, awakening the patient.

*Eczema, hay fever, or a family history of asthma or atopic diseases are often associated with asthma, but they are not key indicators.

PHYSICAL EXAMINATION

The upper respiratory tract, chest, and skin are the focus of the physical examination for asthma. Physical findings that increase the probability of asthma are listed below. The absence of these findings does not rule out asthma, because the disease is by definition variable, and signs of airflow obstruction are often absent between attacks.

- *Hyperexpansion of the thorax*, especially in children; use of accessory muscles; appearance of hunched shoulders; and chest deformity.
- *Sounds of wheezing during normal breathing, or a prolonged phase of forced exhalation* (typical of airflow obstruction). Wheezing may only be heard during forced exhalation, but it is not a reliable indicator of airflow limitation.