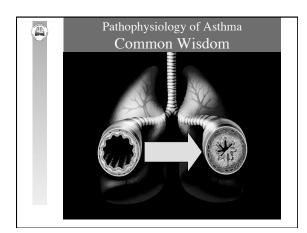
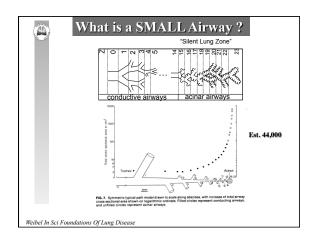


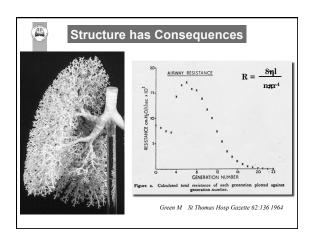


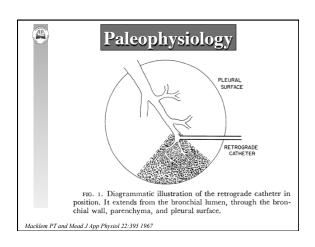
Questions

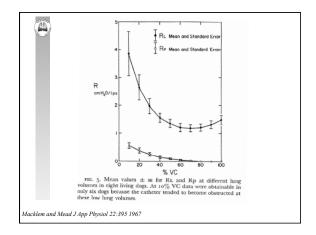
- 1) Is the physiology of a small airway different?
- 2) and Why should I care?

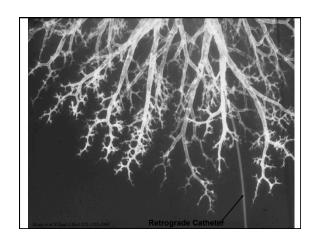


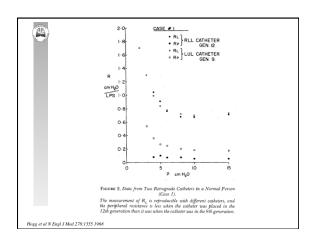


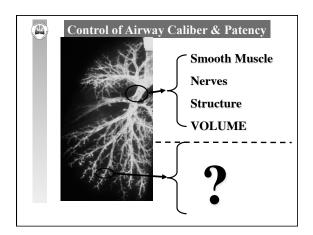


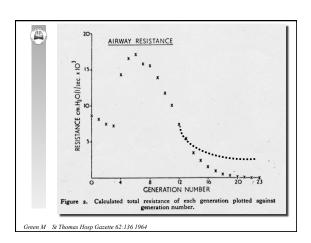


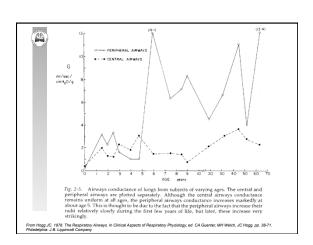


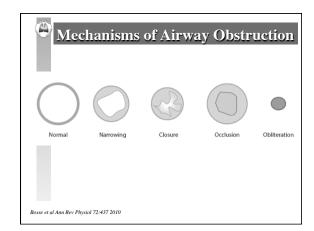


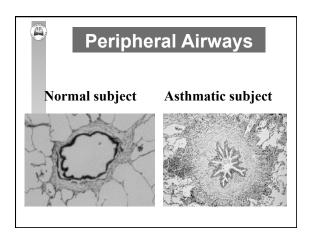


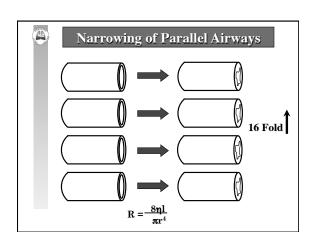


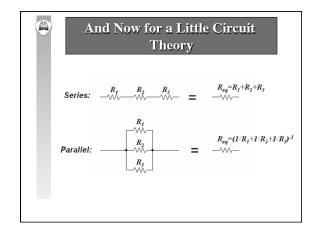


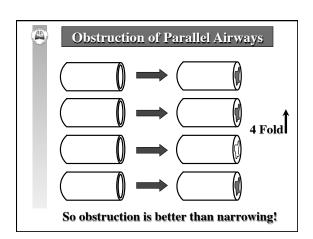


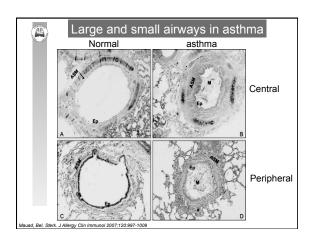


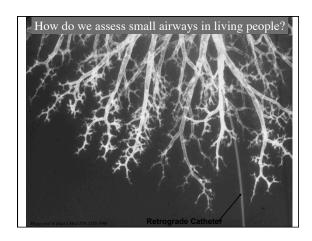


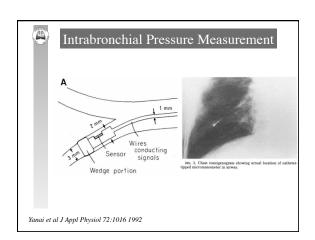


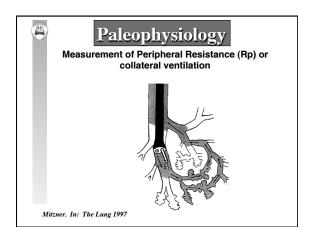


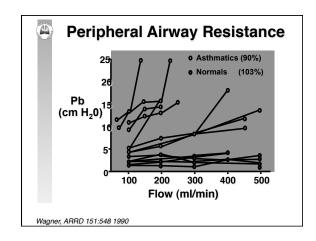


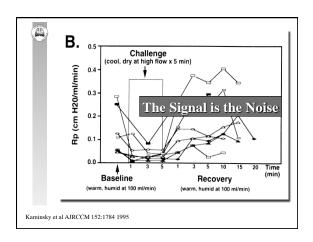


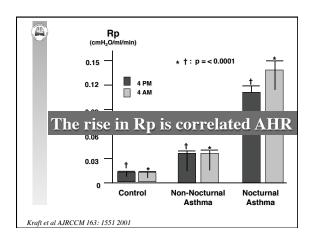








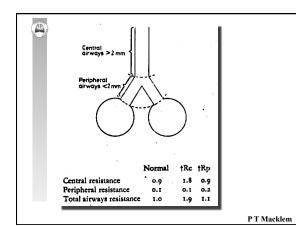


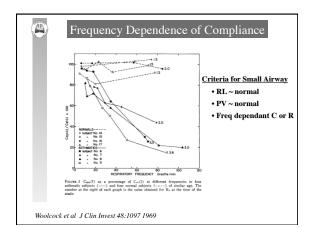


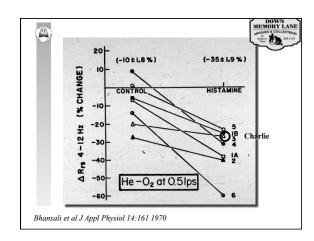


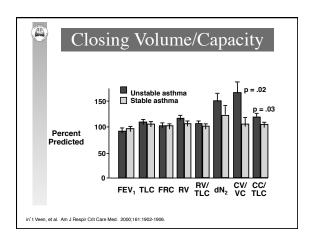
Assessment of The Small Airways

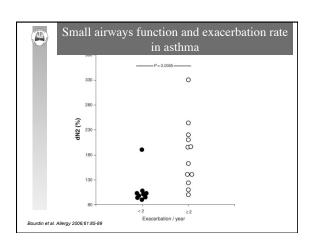
- Frequency Dependence Mechanics
- Closing volume
- FEV1 and FVC
- Residual Volume
- Imaging Techniques

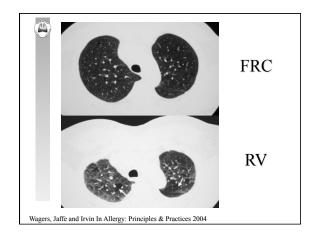


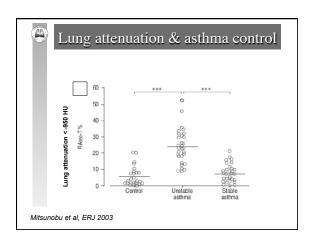


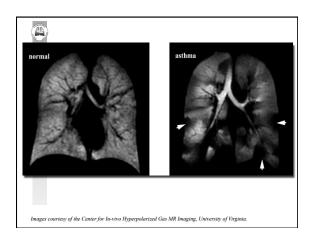


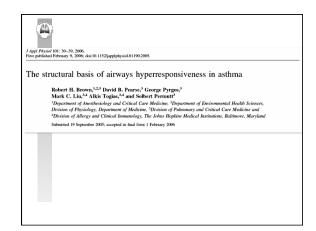


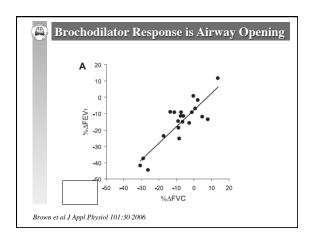


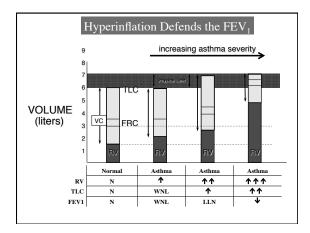


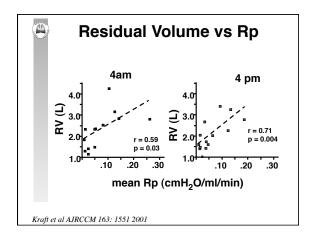




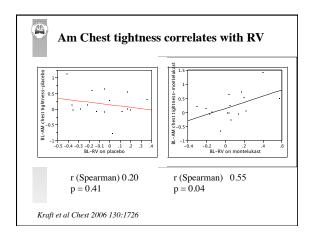








@	Changes in Lung Function on Montelukast						
	FEV ₁ liters	0.16 ± 0.06	p< 0.01				
	FVC liters	0.18 ± 0.07	p< 0.01				
	TLC liters	$+0.06 \pm 0.05$	NS				
	V_{tg} liters	-0.13 ± 0.05	NS				
	RV liters	-0.13 ± 0.06	p<0.05*				
	$R_{us} \ \ \text{(cmH2O/lps)}$	-1.39 ± 0.74	NS				
Kraft	et al Chest 2006 130:1726	i					





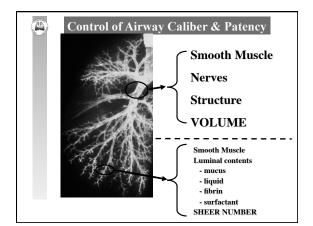
Small Airways Assessment

Circa 1969

Circa 2012

- RL within normal limits
- FEV1 and FVC are decreased
- Normal PV curve
- FEV1/FVC ratio \sim normal
- Frequency dependence of CL TLC is normal or high

 - And RV is high
 - Closing volume ±





- 1. Small airways contribute to the severity and phenotype of asthma
- 2. Small airways disease determines both AHR and
- 3. Effects of Ultrafine medications may be due to selective action on the small airways
- 4. It needs to be established whether and which small airway tests can be used to predict clinical course and to guide targeted therapy

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 Denver: Sally Wenzel Juno Pak Monica Kraft 	 Vermont: David Kaminsky Jason Bates			
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• Alkis Togias • Sol Permutt	The state of the s			
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