



INHALE

CLINICAL NEWSLETTER

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GOLD 2025: What's New?

The Global Initiative for Chronic Obstructive Lung Disease (GOLD) released its 2025 updated version of the GOLD Chronic Obstructive Pulmonary Disease (COPD) report. Updates to the report include new sections on pulmonary hypertension, cardiovascular disease (CVD), and climate change.

Key Changes

- updated spirometry information that includes more comprehensive information on lower-limit of normal (LLN) values, z-scores, and reference values as well as more detailed information on pre- and post-bronchodilator spirometry;
- a new section on cardiovascular risks in patients with COPD;
- information on new COPD therapies, namely ensifentrine and dupilumab;
- a new section on the management and treatment of patients with pulmonary hypertension-COPD;
- updated computed tomography (CT) information that covers emphysema, lung nodules, airways, and COPD-related morbidities;
- a new section on climate change and COPD.

[View the full GOLD 2025 Report here](#)

New Resources Available

My COPD Action Plan

Name: _____ DOB: _____ Date: _____
 Emergency Contact: _____ Phone: _____
 Doctor Contact: _____ Phone: _____

Green Zone: Normal Day for Me **Action Steps**

My breathing is normal for me
 • Cough is normal
 • Activity is normal
 • Sleeping is normal
 • Eating and appetite is normal
 • My activity level is normal

I take these medications every day:
 I will use oxygen _____ when needed
 I will exercise and not regularly
 I will not smoke
 I will stay inside on bad air days
 If I get symptoms I will take:

Yellow Zone: Bad Day for Me **Action Steps**

I have any of these:
 • A low grade fever that does not go away
 • Used more of my rescue medication without feeling better
 • A change in color, thickness, smell, or amount of mucus
 • Trouble breathing or feel more tired than usual
 • New or more aches and swelling
 • A feeling of being more breathless than normal
 • A feeling that an existing cold

Get help NOW! Go to the closest ER or call 911
 I will start these medications:
 I will call my doctor today at _____
 AND do the following:
 I will use oxygen _____ when needed
 I will limit my exercise and use pursed lip breathing
 I will not smoke
 I will continue to not smoke
 I will stay inside on bad air days

Red Zone: I need help right away **Action Steps**

My breathing is BAD, and I have any of these:
 • Confusion or dazed speech
 • Severe shortness of breath
 • Chest pain
 • Blue color around my lips or fingers
 • Started coughing up blood

Get help NOW! Go to the closest ER or call 911
 I will start these medications:

Please check to make sure you have a "green" zone book for you.

Medicine	Name	Dose	Frequency	Notes
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COPD Action Plan: based on the COPD Foundation’s COPD Action Plan, this has been developed to mirror the green/yellow/red zone asthma action plan layout and focuses on action steps that the patient can take to manage their symptoms including medication escalation. Language has been simplified throughout to increase accessibility. This plan can be used to help patients understand their baseline and which symptoms require increased medications or medical attention.

Features: one-page, colorful, lower reading level, writeable PDF, action plans are highly recommended by GOLD 2025 guidelines.

[Access here](#)

Using Asthma Rescue Medicines Too Much Can Be Dangerous!

Asthma symptoms mostly come from inflammation (swelling) in the airways. Using rescue medicines like albuterol and prednisone or dexamethasone too much can make asthma much worse in the long run.

1 Without a daily steroid puffer, airways are swollen even when you don't have symptoms.

2 Asthma flares so airways get tight and it's hard to breathe. You use your albuterol a lot.

3 Using albuterol alone isn't working anymore so you get steroid pills (SABA) or a shot at the doctor or ER.

But too many asthma flares can remodel (change) your airways, making them stay tight all the time.

How much is too much albuterol?
 Using only additional (puffs or inhalers) for just 3-4 weeks for asthma symptoms can start the cycle of poor asthma control.
 Talk to your doctor if you use albuterol more than 3 times a week.

How many is too many steroid bursts?
 Taking 4-8 bursts of steroid pills (prednisone) over a lifetime increases your risk of diabetes, stroke, kidney trouble, bone loss and more diseases that can make your life shorter.
 Talk to your doctor if you needed more than 2 steroid pill bursts in the past year.

STOP Always swelling and poor asthma control. **Take an inhaled steroid puffer** with your albuterol and use as you were told to by your doctor. **Use a spacer** with your steroid puffer.

Good Asthma Control
 • No asthma symptoms with sleep, play or being active
 • Asthma does not wake me from sleep
 • Airways are open and not swelling.

Ask your doctor about new ways to treat asthma:
 • Single Maintenance and Reliever Therapy (SMART)
 • Anti-inflammatory Relievers (AIR)
 • Biologics (pills for severe allergic asthma)

OCS-SABA Infographic: this patient-centered colorful infographic was developed in partnership with the Asthma Initiative of Michigan (MDHHS). It is focused on imparting the risks of both oral corticosteroid (OCS) and short-acting beta-agonist (SABA) overuse in asthma and could be used to review airway inflammation, poor control and risk for adverse outcomes.

Features: one-page, colorful, graphic, lower reading level, patient educational material.

[Access here](#)

My Asthma Action Plan (18 and Older)

Name: _____ DOB: _____ Date: _____
 Emergency Contact: _____ Phone: _____
 Triggers: _____

My Asthma Medication

MAINTENANCE budesonide/formoterol (Symbicort or Symbrin) _____/4.5 same as maintenance (SMART)
 mometasone/formoterol (Dulera) _____/5 albuterol/budesonide (AIRSupra) 90/10 mcg (AIR)

Green Zone: Doing Well **Every day I take:**

My breathing is GOOD
 • No coughing
 • No wheezing
 • Asthma does not wake me from sleep

_____ (puff(s)) with chamber, _____ times a day

If I get symptoms with exercise
 _____ puff(s) with chamber, 15 minutes before exercise
 [1 puff with SMART, 2 puffs with AIR]

Yellow Zone: Symptoms Starting **Add reliever puffs:**

I am having trouble breathing or I am starting to get sick
 • Coughing
 • Wheezing
 • Shortness of breath

Take _____ puff(s) with chamber, as needed
 If symptoms do not improve after 5-10 mins, take _____ more puff(s)
 [1 puff with SMART, 2 puffs with AIR]
 May take up to 12 total puffs per day

If I need my maximum total puffs for more than 2 days in a week AND my symptoms are not improving
 Go to Orange Zone
 (If albuterol is available, may be 2-4 puffs with chamber or 1 nebulizer treatment, every 4 hours as needed)

Orange Zone: In Trouble **Call my doctor:**

I am still having trouble breathing and my reliever medicine is not working
 • Constant coughing
 • Chest tightness
 • Difficulty with daily activities
 • Asthma wakes me from sleep

Name: _____
 Phone: _____
 Continue to take _____ reliever puffs with chamber, as needed while waiting for provider instructions [1 puff with SMART, 2 puffs with AIR]
 If my symptoms are quickly getting worse AND I cannot reach my doctor
 Go to Red Zone

Red Zone: In Danger **Get help NOW:**

My breathing is BAD
 • Breathing hard and fast
 • Lips blue when breathing
 • Neck or stomach caving in
 • Hard to talk or walk

Go to the closest ER or call 911
 Take 2 reliever puffs with chamber as often as needed, until you get help
 Sit upright and try to stay calm
 I will see my doctor right away, even if my symptoms get better, and after any visit to the urgent care or ER

SMART Asthma Action Plan: this asthma action plan has been designed to be used with patients using 'single maintenance and reliever therapy' (SMART) with ICS-formoterol medications. There are two plans, one for children 6 and older and one for patients that are 18+. These plans vary from the traditional green/yellow/red zone stoplight format and have a 4th zone (orange) added that takes increasing symptoms and need to escalate additional puffs into consideration.

Features: one-page, colorful, lower reading level, writeable PDF, action plans are highly recommended by GINA guidelines..

[Access Here: 18+ Version](#) or [6-17 Version](#)

Training Opportunity: Spirometry 101

Pulmonary function testing is the gold standard set by the American Thoracic Society to diagnose asthma and COPD. This Spirometry 101 lesson will provide an overview of ATS standards and help professionals learn interpretation through the review of two case studies. It is free and can be completed at your own pace.



[Access the](#)



[training here](#)

Lung Learning Lab – Series 2

All providers, including Clinical Champions, must attend 1 of 6 upcoming L3's or watch one on the [INHALEarning Platform](#) for VBR credit.

Presenter	Date	Topic
Dr. Wassim Labaki	1/16/2025	Personalizing COPD care: The role of phenotypes to guide advanced therapy selection
Dr. Wendy Wright	2/13/2025	Asthma management: Innovating to improve care
Dr. Wanda Phipatanakul	4/1/2025	Role of Biologics in Pediatric Asthma: Where are we now and into the future?
Dr. Meilan Han	5/13/2025	Early diagnosis of COPD
Dr. Paul O'Byrne	6/5/2025	Asthma exacerbations and their prevention
Dr. Toby Lewis	7/8/2025	Pediatric topic TBD

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Health Equity Corner

Achieving Health Equity Through Race-Neutral Spirometry

In 2023, the American Thoracic Society issued new clinical recommendations in pulmonary function testing. [This two page infographic](#) explains more regarding health equity and race-neutral spirometry.

ACHIEVING HEALTH EQUITY THROUGH RACE-NEUTRAL SPIROMETRY
Understanding the 2023 ATS position on Pulmonary Function Testing

Normalizing Lung Function for Spirometry



The idea that lung capacity of black persons is lower compared to whites is an example of scientific racism.¹

A race based correction factor is applied to spirometry, **reducing** the normal reference range of lung capacity by **10%-15%** for **Black or African-American patients.**²

Until recently, **social determinants of health** were largely **overlooked** and **technology has masked** how race-based algorithms are applied.^{2,3}

The Evolution of Race-neutral Spirometry


In 2023, **ATS** issued new clinical recommendations calling for the use of **race-neutral equations in spirometry**, a change representing an evolution in thought supported by recent evidence.⁴

A race neutral reference equation provides better or equivalent relationships between spirometry and symptoms, airway structure, emphysema, and functional capacity.¹

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RACE DOES NOT PREDICT GENETIC ANCESTRY

"Race is a social construct comprising broad, poorly defined categories that neither reliably predict genetic ancestry nor consistently unite people biologically."
Citation: statements from ASPT, ATS, AMA, AAP¹




Classifying patients by race alone drives thinking away from the examination of other social, environmental, and genetic factors as drivers of disease.⁶ Genetic associations with pulmonary function do not provide evidence for the use of race or ethnicity in PFT interpretation.¹

Race-adjusted spirometry can be harmful because it

- May lead to the underdiagnosis and misdiagnosis of pulmonary disease in racial minority patients^{2,7,8}
- Can reduce access to effective treatments^{1,7,9,10}
- Impacts clinical risk of morbidity and mortality^{10,12}

Misdiagnosis and Decreased Access to Care



ACT on Health Equity

EDUCATE leaders at your institution on how race-neutral spirometry could impact quality of care.

ADVOCATE for the implementation of ATS recommendations in lung function assessment and determine how race adjustment can be removed.

EVALUATE how you can best support patients whose diagnosis may be changed with race-neutral spirometry.

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To read more about implementing the new clinical recommendations [click here](#).
As a reminder a written COPD Action Plan is recommended in [GOLD 2025](#).

SAVE THE DATE

2025 Spring Regionals (Virtual)

- March 4th @ 6 - 8pm
- March 12th @ 6 - 8pm
- March 18th @ 6 - 8pm

Registration to open in Jan 2025

Practice Clinical Champions required to attend

 [Check out the INHALE Toolkits](#)




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 inhalecqi.org

 inhale-support@med.umich.edu

 **INHALE**
Inspiring Health Advances in Lung Care