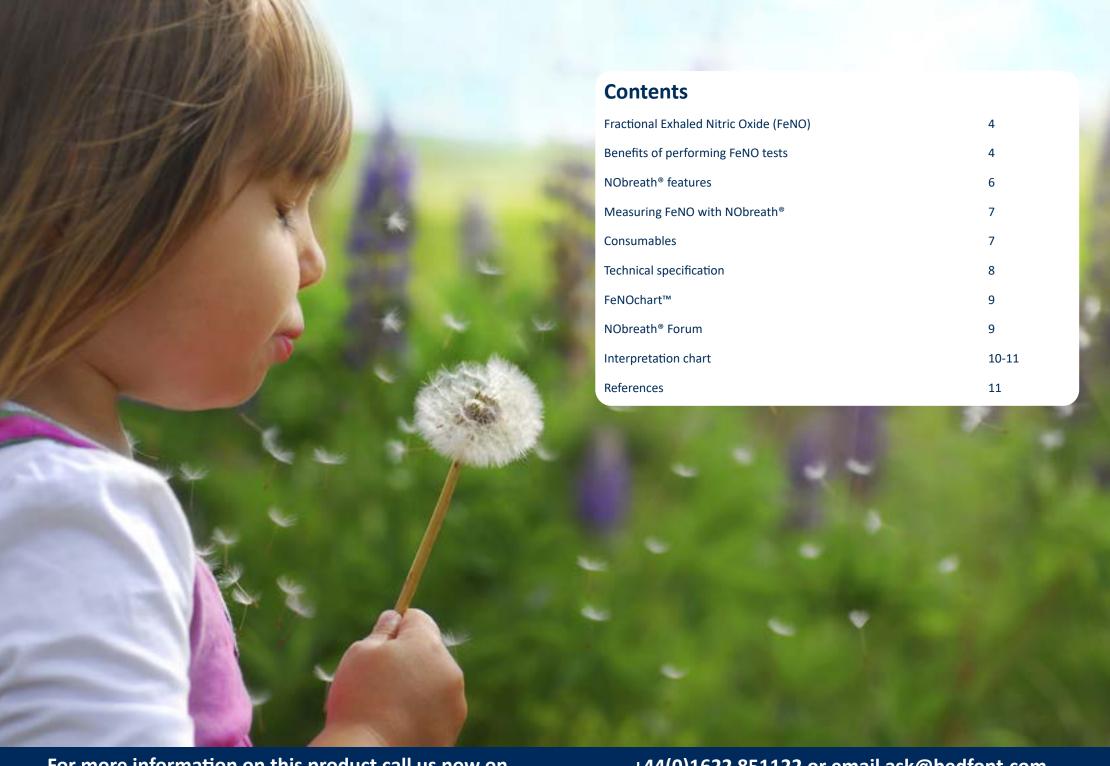
Measure breath nitric oxide for airway inflammation with the NObreath® FeNO Device



 ${\it Aids in the diagnosis and management of asthma, one breath at a time.}$







Fractional Exhaled Nitric Oxide (FeNO)

Fractional exhaled nitric oxide is a good marker for eosinophilic airway inflammation, and is considered to be a good indicator of corticosteroid response¹.

The production of nitric oxide is often found to be higher in inflammatory conditions such as asthma and therefore FeNO monitoring can be used for the detection and management of such conditions², but also to differentiate between COPD, ACOS and other interstitial lung diseases that are not assessed by other means, such as lung function³.

Nitric oxide measurement is not intended as a stand-alone method for diagnosis and should be used in conjunction with other evaluation methods and tests⁴. Fractional exhaled nitric oxide measurement is a simple, rapid, highly reproducible, and non-invasive method of airway inflammation assessment, which until now, has been an expensive test to deliver in everyday practice⁵.

Benefits of performing FeNO tests:

- Non-invasive, quick and easy to perform⁵
- Aids in asthma management, assisting the correct prescription and making monitored adjustments
- Shows patient adherance to treatment8
- Aids in identifying good and poor adherence to corticosteroid treatment¹
- Good indicator of corticosteroid response¹
- Shown to be superior to the majority of conventional tests of lung function, such as peak flow recording and spirometry⁵
- Aids in differentiating between allergic (eosinophilic) and non-allergic asthma7.



NObreath® features

An ergonomic design, fully-portable and incorporated with antimicrobial technology for optimum infection control.



^{*}Subject to correct use, maintenance and service. Tested up to 29,000 tests.

Measuring FeNO with NObreath®

IT'S AS EASY AS:







Consumables

NObreath® Mouthpiece

The NObreath® uses a single-patient use mouthpiece, which contains an integrated infection control filter that removes and traps > 99% of airborne bacteria and > 98% of viruses⁷.



Technical specification

| Concentration range | | 5 - 500 ppb | |
|--------------------------------------|---------------------|---|--|
| Display | | Full colour touchscreen | |
| Detection principle | | Electrochemical sensor | |
| Repeatability | | ± 5 ppb of measured value ≤ 50 ppb ± 10% of measured value > 50 ppb | |
| Accuracy | | ± 5 ppb of measured value ≤ 50 ppb ± 10% of measured value > 50 ppb | |
| Power | NObreath® device | 1 x main rechargeable Li-ion battery- Approx. 100 uses on fully charged battery 2 x Li-ion coin cell battery- Approx. 5 years Input: 5V, 0.5A | |
| | NObreath® Dock | Mains powered Input: 5V, 0.5A Output: 5V, 0.5A | |
| | Plug | Input: 100-240V ~ 50/60Hz., 0.2A Output: 5.0V, 1.0A | |
| T ₉₀ response time | | ≤ 10 seconds | |
| Temperature | Operating | 15 - 30°C | |
| | Storage/transport | 0 - 50°C | |
| Humidity | Operating | 20 - 80% RH (non-condensing) | |
| | Storage/transport | 5 - 95% RH (non-condensing) | |
| Operating/storage/transport pressure | | 800 – 1080 mbar | |
| Sensor operating life | | 5 years (Subject to servicing) | |
| Sensor sensitivity | | 1 ppb | |
| Sensor drift | | < 5% per annum | |
| Dimensions | | Approx. 90 x 159 x 59 mm | |
| Weight | | Approx. 400 g | |
| Materials | NObreath® device | Case: polycarbonate/abs blend | |
| | NObreath® Dock | with antimicrobial technology | |
| | NObreath mouthpiece | Polypropylene | |
| Breath test time | | Adult: 12 seconds Child: 10 seconds Ambient: 30 seconds | |
| Warm-up time | | ≤ 60 seconds | |
| Maximum ambient operating level | | 350 ppb NO | |
| CO cross interference | | 45 ppm ≤ 17.6 ppb | |

FeNOchart™

FeNOchart™ is free patient management software available with every NObreath®. FeNOchart™ enables you to track patients' progress, view live readings, download results plus much more.





FREE FeNOchart™ patient management software.

NObreath® Forum

Purchasing a NObreath® entitles you to free membership of the NObreath® forum. The NObreath® forum is an international, invitation-only platform where professionals using the Bedfont® NObreath® FeNO device can communicate, share experiences and knowledge, and ask for other professional opinions. There is no cost or obligation to participate and membership is free when you purchase a NObreath®.



Using FeNO to assist diagnosis

Measuring airway inflammation with NObreath® can help monitor the effectiveness

Aid in diagnosis using the NObreath® FeNO device

| Aid in diagnosis using the NObreath® FeNO device | | | | | | |
|--|--|--|---|--|--|--|
| 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 Chord Disfunction • GERD

Nitric oxide measurement is not intended as a stand-alone method for diagnosis and should be used in conjunction with other evaluation methods and tests⁴.



& management of Asthma

of medication and can be used to predict the risk of Asthma attacks*.

| Monitoring (in patients with diagnosed asthma) using the NObreath® FeNO device | | | | | |
|--|---|--|--|--|--|
| 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 Poor adherence or inhaler technique | | |

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

^{**}Allergic = Eosinophilic / Non- Allergic = Non-Eosinophilic



Contact Bedfont® or one of our worldwide **NObreath®** distributors for a free demonstration.

www.bedfont.com

Tel:+44 (0)1622 851122 Email: ask@bedfont.com

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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 Ave Juan Carlos I Los Cristianos, Arona, 38650 Santa Cruz de Tenerife, Spain

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