

Small airway function measured using forced expiratory flow between 25% and 75% of vital capacity and its relationship to airflow limitation in symptomatic ever-smokers: A cross-sectional study

Nowaf Y. Alobaidi, Mohammed A. Almeshari, James A. Stockley, Robert A. Stockley, Elizabeth Sapey

Online Supplement

Supplementary Tables

Table E1. List of medications used in the included participants

Variable	Total n= 1458	Normal FEF ₂₅₋₇₅ /AL- n = 316	Low FEF ₂₅₋₇₅ /AL- n = 335	Low FEF ₂₅₋₇₅ /AL+ n = 806
SABA	891 (61.1)	128 (40.5)	186 (55.7)*	576 (71.4)*†
SAMA	51 (3.5)	2 (0.6)	10 (3)	39 (4.8)*
SABA/SAMA	1 (0.1)	0 (0)	0 (0)	1 (0.1)
ICS	85 (5.8)	17 (5.4)	22 (6.6)	45 (5.6)
LABA	24 (1.6)	1 (0.3)	3 (0.9)	20 (2.5)*
ICS/LABA	405 (27.8)	33 (10.4)	70 (21)*	302 (37.4)*†
LAMA	353 (24.2)	20 (6.3)	47 (14.1)*	286 (35.4)*†
LABA/LAMA	36 (2.5)	2 (0.6)	9 (2.7)	25 (3.1)
ICS/LABA/LAMA	7 (0.5)	0 (0)	0 (0)	7 (0.9)
Systematic CS	55 (3.8)	2 (0.6)†‡	15 (4.5)	38 (4.7)
Antibiotic	28 (1.9)	1 (0.3)	8 (2.4)	19 (2.4)
Montelukast	25 (1.7)	3 (0.9)	4 (1.2)	18 (2.2)
CV Medications	687 (47.1)	183 (57.9)†‡	160 (47.9)	343 (42.5)
GI Medications	381 (26.1)	97 (30.7)	96 (28.7)	187 (23.2)*
Domiciliary Oxygen	19 (1.3)	2 (0.6)	5 (1.5)	12 (1.5)
Mucolytic	101 (6.9)	3 (0.9)	14 (4.2)*	88 (10.9)*†
Theophylline	15 (1.0)	0 (0)	1 (0.3)	14 (1.7)

Legend: Data is presented in n (%); *Significantly different from group 1; †Significantly different from group 2; ‡Significantly different from group 3. Significance level was set at $P < 0.05$

Abbreviations: FEF₂₅₋₇₅, forced expiratory flow between 25% and 75% of vital capacity; AL, airflow limitation; SABA, short-acting beta-2 agonist; SAMA, short-acting muscarinic antagonist; ICS, inhaled corticosteroid; LABA, long-acting beta-2 agonist; LAMA, long-acting muscarinic antagonist; CS, corticosteroid; CV, Cardiovascular; GI, gastrointestinal.

Table E2. List of medications used across airflow limitation severity.

Variable	Mild <i>n</i> = 178	Moderate <i>n</i> = 111	Moderately severe <i>n</i> = 120	Severe <i>n</i> = 263	Very severe <i>n</i> = 135
Medications (n, %)					
SABA	103 (57.9)	77 (69.4)	83 (69.2)	197 (74.9)*	116 (85.9)**‡
SAMA	5 (2.8)	4 (3.6)	7 (5.8)	15 (5.7)	8 (5.9)
SABA/SAMA	0 (0)	0 (0)	0 (0)	1 (0.4)	0 (0)
ICS	10 (5.6)	5 (4.5)	6 (5)	17 (6.5)	8 (5.9)
LABA	4 (2.2)	2 (1.8)	2 (1.7)	9 (3.4)	3 (2.2)
ICS/LABA	43 (24.2)	29 (26.1)	41 (34.2)	112 (42.6)**†	77 (57)**‡
LAMA	40 (22.5)	40 (36)	29 (24.2)	114 (43.3)	63 (46.7)**‡
LABA/LAMA	3 (1.7)	4 (3.6)	1 (0.8)	12 (4.6)	5 (3.7)
ICS/LABA/LAMA	1 (0.6)	1 (0.9)	1 (0.8)	1 (0.4)	3 (2.2)
Systematic CS	6 (3.4)	4 (3.6)	6 (5)	14 (5.3)	8 (5.9)
Mucolytic	10 (5.6)	8 (7.2)	8 (6.7)	36 (13.7)	26 (19.3)**‡
Antibiotic	1 (0.6)	2 (1.8)	3 (2.5)	7 (2.7)	6 (4.4)
Montelukast	1 (0.6)	0 (0)	2 (1.7)	9 (3.4)	6 (4.4)
CV Medications	89 (50)	44 (39.6)	60 (50)	109 (41.4)	41 (30.4)**‡
GI Medications	44 (24.7)	36 (32.4)	30 (25)	56 (21.3)	22 (16.3)†
Domiciliary Oxygen	0 (0)	4 (3.6)	1 (0.8)	4 (1.5)	3 (2.2)
Theophylline	0 (0)	1 (0.9)	1 (0.8)	7 (2.7)	5 (3.7)

Legend: Data is presented in n (%). *Significantly different from mild; †Significantly different from moderate; ‡Significantly different from moderately severe; §Significantly different from severe. Significance level was set at $p < 0.05$.

Abbreviations: SABA, short-acting beta-2 agonist; SAMA, short-acting muscarinic antagonist; ICS, inhaled corticosteroid; LABA, long-acting beta-2 agonist; LAMA, long-acting muscarinic antagonist; CS, corticosteroid; CV, Cardiovascular; GI, gastrointestinal

Table E3. The relationship of FEF₂₅₋₇₅ and FEF₂₅₋₇₅/FVC with spirometric measures (n=1458)

Spirometric measures	FEF ₂₅₋₇₅ % predicted		FEF ₂₅₋₇₅ /FVC	
	r ²	<i>P</i> value	r ²	<i>P</i> value
FEV ₁ (% predicted)	0.71	<0.001	0.47	<0.001
FVC (% predicted)	0.13	<0.001	0.006	<0.001
FEV ₁ /FVC (%)	0.83	<0.001	0.92	<0.001
FEV ₃ /FVC (%)	0.70	<0.001	0.82	<0.001

Legend: This tables presents the relationship of FEF₂₅₋₇₅ % predicted and FEF₂₅₋₇₅/FVC with other spirometric measures. The relationship was assessed using curvilinear regression analysis.

Abbreviations: FEF₂₅₋₇₅, forced expiratory flow between 25% and 75% of vital capacity; FEV₁, forced expiratory volume in the first second; FVC, forced vital capacity; FEV₃, forced expiratory volume in three seconds.

Supplementary Figures

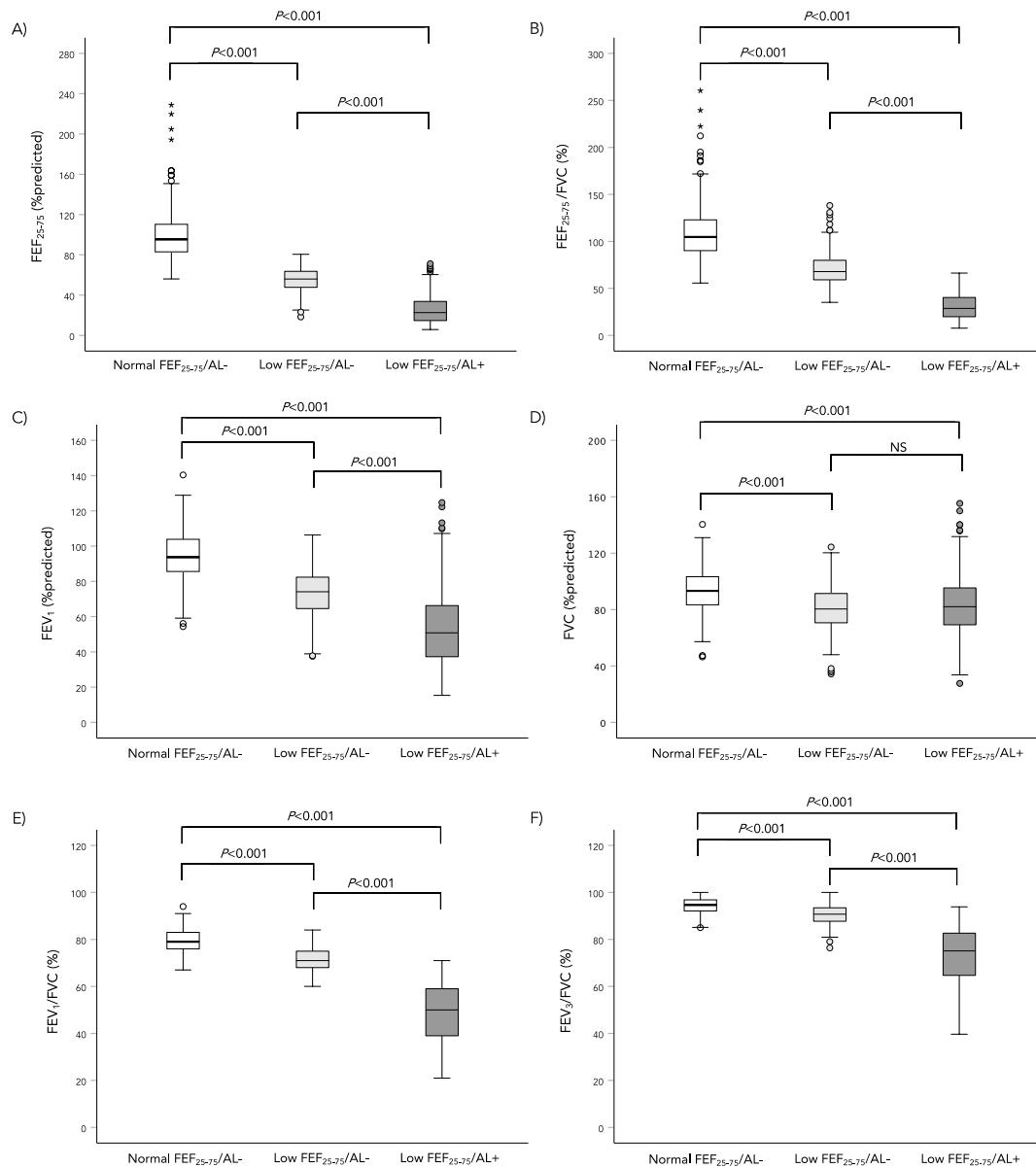


Figure E1. Distribution of % predicted or ratio of spirometric measures across study groups.

Legend: A box plot demonstrating the distribution of the % predicted or ratio of spirometric measures across study groups. The plot shows median, interquartile range, minimum and maximum. A) The distribution of

FEF₂₅₋₇₅ % predicted across groups. B) The distribution of FEF₂₅₋₇₅/FVC ratio across groups. C) The distribution of FEV₁ % predicted across groups. D) The distribution of FVC % predicted across groups. E) The distribution of FEV₁/FVC ratio across groups. F) The distribution of FEV₃/FVC ratio across groups. For groups' comparisons, Kruskal-Wallis H test was performed, and for statistically significant test, a post-hoc Dunn's test was applied. The presented *P* values were adjusted using the Bonferroni method to account for multiple comparisons. For figures A and E, statistical test was only done for differences between groups where a definition did cause the variable to differ, and the reported p-values are for the Mann-Whitney U test. For figures B, C, D and F, the presented p-values are for post-hoc Dunn's test, and the Kruskal Wallis tests p-values for all figures were <0.001.

Abbreviations: FEV₁, forced expiratory volume in 1 second; FVC, forced vital capacity; FEF₂₅₋₇₅, forced expiratory flow between 25% and 75% of vital capacity; FEV₃, forced expiratory volume in the first 3 seconds; AL, airflow limitation; NS, not significant.

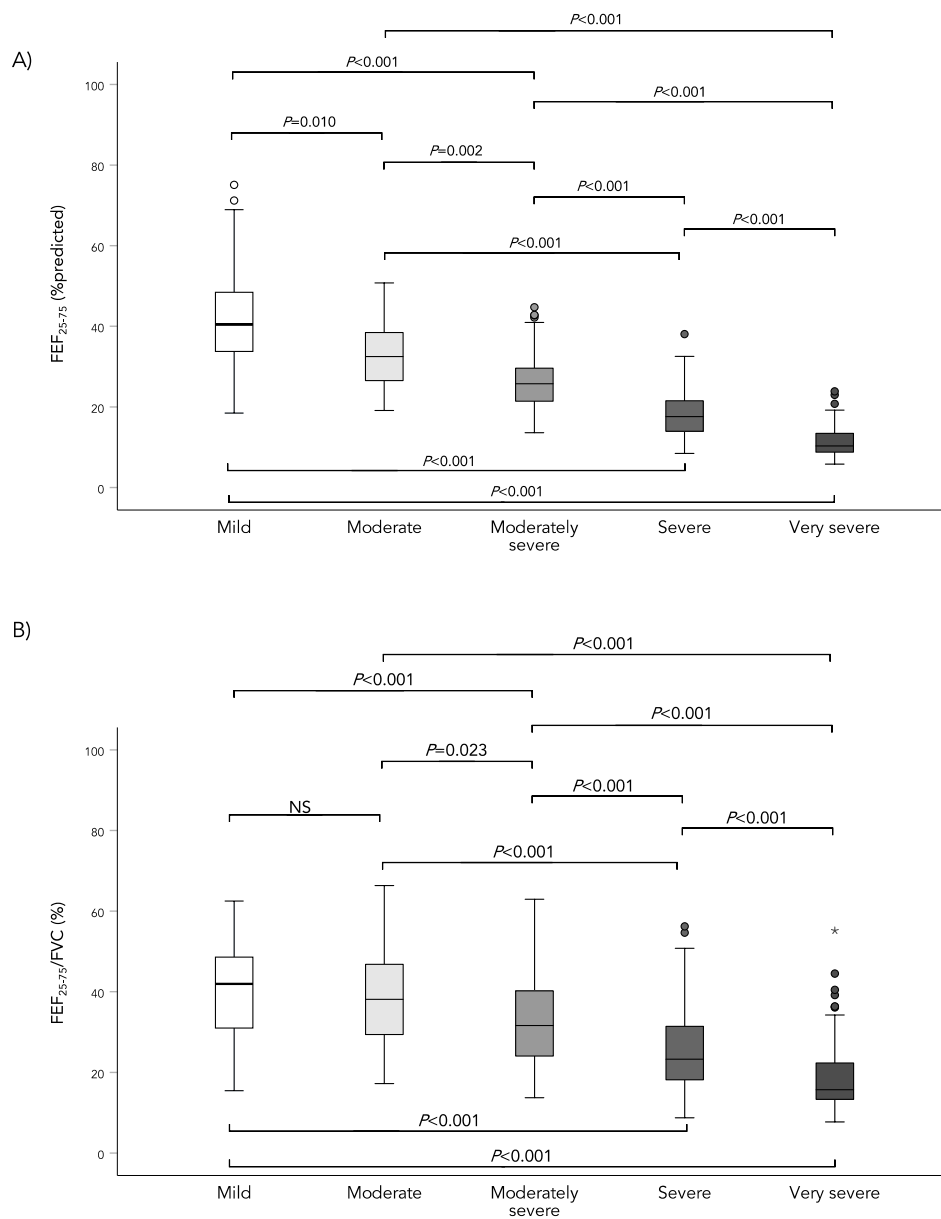


Figure E2. Distribution of FEF₂₅₋₇₅ and FEF₂₅₋₇₅/FVC across AL severity.

Legend: A box plot demonstrating the distribution of FEF₂₅₋₇₅ and FEF₂₅₋₇₅/FVC across AL severity. The plot shows median, interquartile range, minimum and maximum. A) The distribution of FEF₂₅₋₇₅ % predicted across severity. B) The distribution of FEF₂₅₋₇₅/FVC ratio across severity. AL severity was assessed using FEV₁ z-score. For groups' comparisons, Kruskal-Wallis H tests was performed, and for statistically significant test, a

post-hoc Dunn's test was applied. The presented P values were adjusted using the Bonferroni method to account for multiple comparisons. The p -values for Kruskal-Wallis H tests for both figures were <0.001 .

Abbreviations: FEF₂₅₋₇₅, forced expiratory flow between 25% and 75% of vital capacity; FVC, forced vital capacity; NS, not significant; AL, airflow limitation.

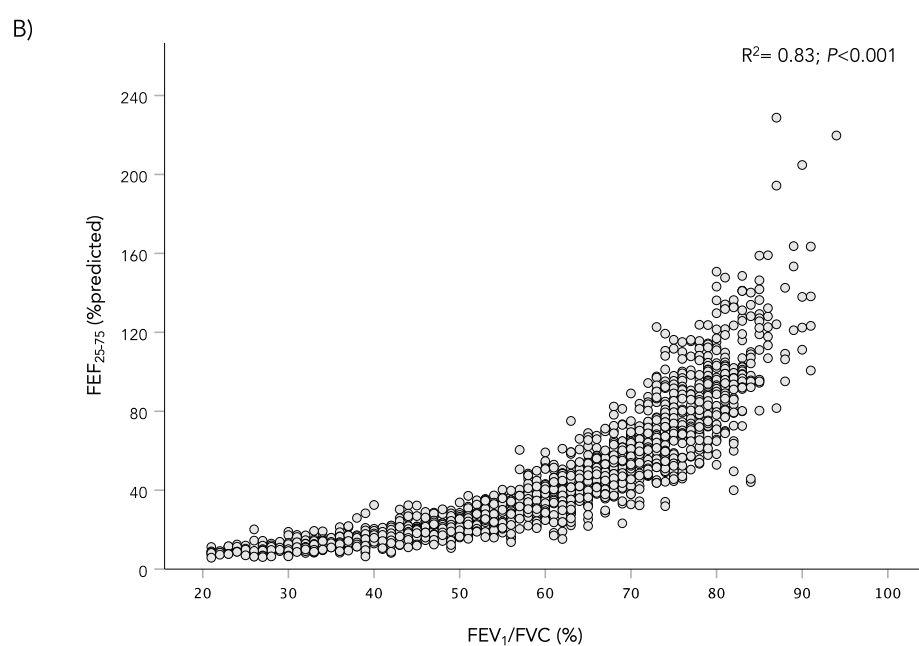
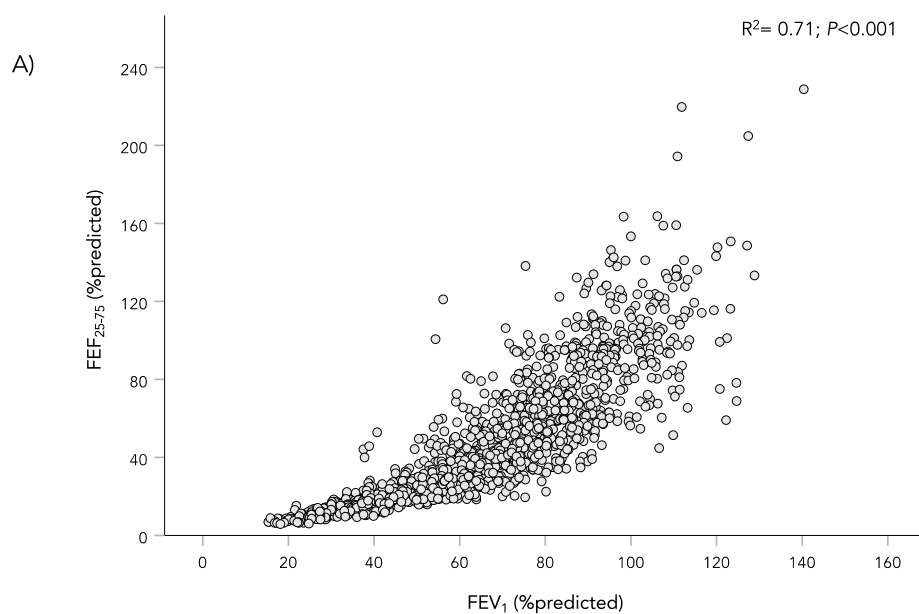


Figure E3. FEV₁ % predicted and FEV₁/FVC plotted against FEF₂₅₋₇₅ % predicted.

Legend: A) A scatter plot showing the relationship between FEF₂₅₋₇₅ % predicted and FEV₁ % predicted. B) A scatter plot showing the relationship between FEF₂₅₋₇₅ % predicted and FEV₁/FVC %. The coefficient of determination (r^2) for the curvilinear regression is shown in the figure along with its P value.

Abbreviations: FEF₂₅₋₇₅, forced expiratory flow between 25% and 75% of vital capacity; FEV₁, forced expired volume in the first second; FVC, forced vital capacity.

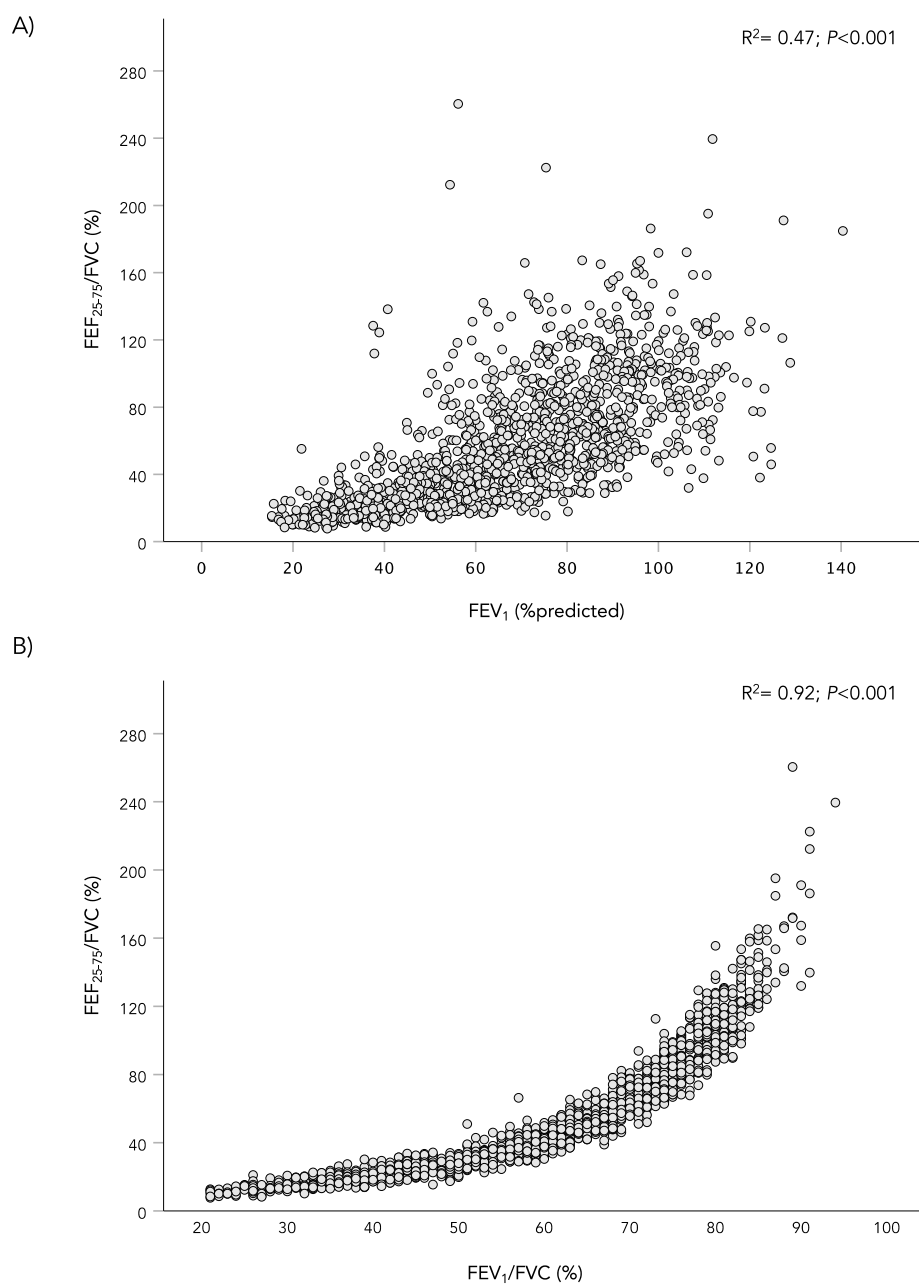


Figure E4. FEV₁ % predicted and FEV₁/FVC plotted against FEF₂₅₋₇₅/FVC.

Legend: A) A scatter plot showing the relationship between FEF₂₅₋₇₅/FVC and FEV₁ % predicted. B) A scatter plot showing the relationship between FEF₂₅₋₇₅/FVC and FEV₁/FVC. The coefficient of determination (r^2) for the curvilinear regression is shown in the figure along with its P value.

Abbreviations: FEF₂₅₋₇₅, forced expiratory flow between 25% and 75% of vital capacity; FEV₁, forced expired volume in the first second; FVC, forced vital capacity.