due to simultaneous coexistence of both asthma and COPD. From an asthma perspective, recognition that COPD and smoking can alter the response to asthma therapies may be important. Smoking can blunt the response to ICS. Further, it has been difficult to demonstrate the effectiveness of biologic agents targeted at type 2 inflammation in patients with COPD despite the presence of ≥300 circulating eosinophils/μL. Additionally, in patients with both diseases, earlier initiation of anticholinergics may be considered.

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FURTHER READING

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