PEAK EXIRATORY FLOW RATE AND ITS PREDICTION FORMULAE IN HARYANVIS

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Summary : Peak expiratory flow rate (PEFR) was studied in 806 hearthy 6 to 58 years old Haryanvi males. A steep rise in PEFR is seen with age upto 18 years, little variation occurs between 19 to 26 years and s followed by a gradual fall thereafter. The formulae for the prediction of PEFR from age and height in different age groups have been worked out. Horyanvi children are taller having PEFR and predicted values of PEFR higher than the children of other Indian states and are well comparable to Western children. On the other hand in Haryanvi adults observed and predicted values of PEFR are low. It is possible that economical uplift of this area due to industrialization and green revolution, has led to improved nutrition resulting into better physical and functional (PEFR) development of younger generation. It is suggested that in developing states the physical and functional norms should be periodically reviewed.

Key words :

peak expiratory flow rate

prediction formulae

INTRODUCTION

It is essential to detect and treat respiratory obstruction at an early and reversible stage for the prevention of permanent damage. For the demonstration of narrowing of the respiratory passages different expiratory flow rates are being employed. Peak expiratory flow rate (PEFR) is one such parameter which can be easily measured. Published data on PEFR by Indian authors are mostly in children (13, 14) or in adults (2,5,9,10,15). In the present study we are reporting PEFR in Haryanvi males in different age groups.

MATERIAL AND METHODS

This study was undertaken at Medical College Hospital, Rohtak and nearby schools. A total of 806 healthy non-smoker male subjects from 6 to 58 years were studied. The subjects were school boys, medical students, teachers and other staff members of medical college and attendents of patients. Children were studied in their schools while other subjects were studied in the medical college hospital. Peak expiratory flow rate was measured by using Wright's Peak Flow Meter. The test was performed in standing position.

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After a group demonstration, the subject was asked to blow into the mouthpiece as forcibly as possible. The test was repeated 3 to 5 times and best of these readings was recorded for analysis as Lt/mt. Age of the subject was recorded in years to the nearest birthday and was confirmed from school register in case of children. The height was measured in centimeters without shoes, with the subject standing erect.

RESULTS

Mean values of PEFR at different age groups are shown graphically in Fig. 1. From this figure, three distinct phases in the curve can be observed. There is a steep rise in PEFR with age from 6 to 18 years, then there is only a little variation (Plateau) between 19 to 26 years which is followed by a gradual fall in PEFR from 27 to 58 years. Therefore, we have divided our subjects into 3 groups - children, young adults and adults.

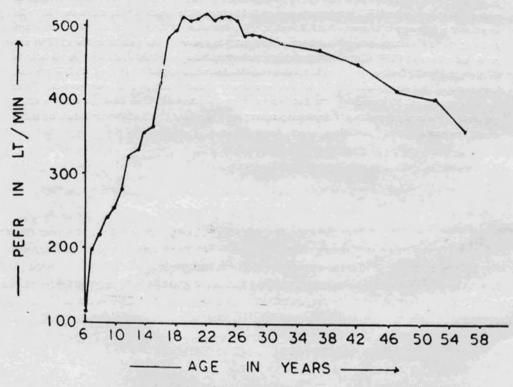


Fig. 1 : Graphic presentation of PEFR at different age groups in Haryanvi males.

Table I and II show the number of subjects, their height and PEFR in children (Table I), young adults and adults (Table II). The comparison of PEFR values of present series with those reported by other Indian workers has been shown in Table I and III. The correlation coefficient of PEFR with age and height, alone and combined is shown in

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Age in		Present s	eries	Singh and Peri (14)				
years	No. of subjects	Height (cms) mean±SD	PEFR (Lt/mt) mean±S.D.	No. of subjects	Height (cms) mean±SD	PEFR (Lt/mt) mean±SD		
6	26	114.3±3.2	116.1 ± 35.4	25	110.2±4.1	121.6 ± 31.6		
7	26	116.4±4.1	196.3 ± 36.6	33	115.7±6.0	147.4±39.6		
8	26	120.8±4.6	216.2 ± 27.1	17	123.7±5.6	184.1±34.6		
9	29	125.8±4.7	230.3±30.8	21	126.0±5.1	197.4±42.8		
10	28	129.6±3.4	253.8±44.0	26	132.5±6.9	227.5±45.7		
11	25	134.5 ± 6.2	272.0±48.7	33	130.7±5.6	231.4±47.8		
12	43	141.7±3.9	321.0±63.1	24	138.1 ± 8.1	267.9±38.9		
13	35	148.6±6.7	330.1±48.5	31	140.1 ± 7.0	270.0±43.8		
14	29	153.5±8.2	354.8±42.8	20	147.7±7.9	318.8±68.2		
15	33	161.3 ± 6.9	357.3±47.9	21	151.1±9.9	363.3±67.6		
16	30	165.8 ± 5.2	427.8±62.8	21	159.4±7.0	400.5 ± 70.0		
17	28	167.6 ± 6.6	489.01±46.4					
18	38	168.4±5.8	487.2±52.9					

TABLE 1: Comparison of PEFR values of Haryanvi boys with those of South Indian boys (Singh and Per; 14) :

TABLE II : Height and PEFR in Haryanvi adults.

1	Young	adults (19-26)	vears)	Adults (27–58 years)					
Age (years)	No. of subjects	Height (cms) mean ± SD	PEFR (Lt/mt) mean±SD	Age (years)	No. of subjects	Height (cms) mean ± SD	PEFR (Lt/mt) mean±SD		
19	37	168.8±5.9	507.5 ± 48.9	27-29	43	168.5±8.2	483.8±50.5		
20	52	169.4±6.8	504.7±49.5	30-34	32	166.0±10.4	471.2±55.6		
21	39	168.8±7.2	505.3±37.7	35-39	28	167.4±11.2	464.6±32.9		
22	25	169.3±6.9	511.7 ± 53.6	40-44	22	165.9±6.9	439.5±70.5		
23	20	168.7±10.2	504.3±56.2	45-49	25	167.2±7.2	405.3±59.4		
24	17	168.9±9.2	507.7±50.4	50-54	20	167.9±9.2	394.7±36.2		
25	18	169.3±7.8	508.7±49.5	55-58	20	168.0±12.4	348.3±30.2		
26	16	169.0±4.2	501.5±42.9						

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Age groups	Kamat et al. (7)		Malik et al. (9)		Singh and Peri (15)		Present	
	Ht.	PEFR	Ht	PEFR	Ht.	PEFR	Ht.	PEFR
15-19	163.1	487	164	442	162.2		166.4	453.8
20-24	164.0	502	167	482	165 2	493	169.1	506.3
25-29	165.8	506	167.1	486	165.2		108.8	493.3
30-34	162.4	505	167.4	475	163.4		166.0	471.2
35-39	165.9	497	165.9	450	163.4	467	167.4	464.6
40-44	165.9		165.9	417	163.9	459	165.9	439.6
45-49	161.4	391	-	415	163.9		167.2	405.3
50-54	161.4			418	163.7	458	167.8	394.7
55-58	161.2	356		396	163.7		168.8	348,3

TABLE III : Comparision of PEFR values at different age groups with other Indian authors.

Ht : Height

TABLE IV : Prediction formulae for PEFR in different groups.

Physical parameter	Children (6–18 yrs)			Young adults (19–26 yrs)			Adults (27–58 yrs)		
	Pred. Form.	r or R	P value	Pred. Form. r	or R P	value	Pred. Form.	r or R	P value
Age (yrs)	27.0 A-12.0	0.9395	<.001	516.3-0.54A	0.0581	-NS	629.5-4.78A	0.5602	<.001
Height (cms)	5.0HT-403.3	0.9424	<.001	2.14Ht+144.4	0.2903	<.01	1.43Ht+202.7	0.2081	<.05
Combined Height and Age	2.83Ht+14.94A -273.1	0.9999 (R)	<.001	2.36Ht-1.21A +133.6	0.3048 (R)	<.01	1.71Ht-4.93A +349.3	0.6123 (R)	<.001
Predictability of	f combined form	ulae							
Increased over age			<.001			<.001			<.001
Increased over height			<.001			<.05			<.001

- A : Age
- Ht : Height R : Multiple correlation coefficient r : Correlation Coefficient

Statistical analysis using simple tinear regression for Age and Height alone and Multiple Regression plane for plan Age and Height combined.

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-	D	Predicted PEFR (Lt/mt) at height of			
Type of subjects	Prediction	120 cm	135 cm	150 cm	
Western	5.59Ht-476	195	279	363	
Western	5.7Ht-480	204	290	375	
Western	3.92Ht-271.15	199	258	317	
N. Indian Chandigarh	5.058Ht-408.664	198	274	350	
S. Indian	5.0Ht-420.4	180	255	330	
N. Indian (Haryanvi)	5.0Ht-403.3	204	278	351	
	subjects Western Western Western N. Indian Chandigarh S. Indian N. Indian	Subjects Western 5.59Ht-476 Western 5.7Ht-480 Western 3.92Ht-271.15 N. Indian 5.058Ht-408.664 Chandigarh 5.0Ht-420.4 N. Indian 5.0Ht-420.4 N. Indian 5.0Ht-403.3	subjects 120 cm Western 5.59Ht-476 195 Western 5.7Ht-480 204 Western 3.92Ht-271.15 199 N. Indian 5.058Ht-408.664 198 Chandigarh 5.0Ht-420.4 180 N. Indian 5.0Ht-403.3 204	subjects 120 cm 135 cm Western 5.59Ht-476 195 279 Western 5.7Ht-480 204 290 Western 3.92Ht-271.15 199 258 N. Indian 5.058Ht-408.664 198 274 S. Indian 5.0Ht-420.4 180 255 N. Indian 5.0Ht-403.3 204 278	

TABLE V : Comparison of predicted values of PEFR in children at different heights by different prediction formulae.

Ht - Height in centimeters.

TABLE VI : Comparison of predicted values of PEFR in young adults and adults at different age and height by different prediction formulae.

				Predicted PEFR (Lt/mt) at			
Sr. No.	Series	Type of subject	Prediction formulea	20 yrs. 169 cm	35 yrs. 167 cm	50 yrs. 168 cm	
1.	Ferris et al. (3)	Western	4.73 Ht-2.46 A-200.32	550	502	471	
2.	Johannsen and Erasmus(5)	Bantu (African)	2.92 Ht-4.19 A+37.89	448	379	319	
3.	Woolcock at al. (16)	New Guinea	3.85 Ht-2.64 A-42.5	555	508	472	
4.	Gragg and Nunn. (4)	Western	30.63 A-723 A2+.00521 A3 +1.46 Ht-30.15	582	623	590	
5.	Basavaraju and Parvathi (1)	S. Indian	13-22 A : 30.2A-177.7 23-48A : 571.8-3.3A PEFR=5.2Ht-414.2	427	456	407	
6.	Singh and Peri (15)	S. Indian	Age 17-29 : 2.74 Ht+53.4 30 and more : 567-2A	516	497	467	
7.	Malik et al. (9)	N. Indian	10.91 A-2686 A2+.001681A3 +5.0808 Ht-502.99	480	470	435	
8.	Present	N. Indian	19–26A : 2.36Ht-1.21A+133.6 27-58A : 1.71Ht-4.93A+349.3	508	462	390	

A = age in years

Ht = Height in centimeters

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Table IV, from which it is clear that predicted value is significantly increased at all age groups when both age and height are taken into consideration than either of these alone. The predicted value of PEFR by our formulae at given age and height are compared in Table V and VI with those derived at by using formulae of other authors.

DISCUSSION

Measurement of PEFR is a simple procedure. In children PEFR increase with age and height, the correlation is highly significant (Table I and IV). Haryanvi boys are generally taller than South Indian boys and have higher PEFR (table I). The predicted values from height alone in Haryanvi boys are higher than South Indian boys (1.4) and are well comparable to Chandigarh (13) and Western boys (8, 11, 12). Basavraju and Parvathi (1) observed an increase in PEFR with age upto 22 years and thereafter a gradual decrease.

In the present study, there is insignificant variation in PEFR in young adults (19-26 years) while a gradual decrease occurs with the advancement of age in older individuals. Younger Haryanvi adults are taller than old ones and have well comparable or slightly higher PEFR than other Indians but at higher age they have definitely lower PEFR (Table III). There is significant increase in correlation when both age and height are used than either of these alone for the prediction of PEFR value in all the three groups (Table IV). The predicted PEFR by our formulae at 50 years of age and 168 centimeters of height is quite low as compared to the predicted values derived for other Indian (1, 9, 15) and Western subjects (3, 4, 16) but higher than that for Bantu subjects (6). However, at 20 years of age and 169 centimeters of height our predicted PEFR is comparable or higher than other Indians (1, 9, 15) but lower than Western subjects (3, 4, 16).

It is possible that economical uplift of this area due to industrialization and green revolution has led to better nutrition of the population. This in turn has resulted in increased height and higher PEFR in younger generation. Malik *et al.* (10) have found higher PEFR in good socio-economic status teachers than their earlier observation in general population (9) of the same area.

It is suggested that in developing states, the physical and functional norms should be periodically reviewed in view of a likely inprovement in socio-economical status and health.

REFERENCES

- Basavaraju M. and N. Parvathi. Normal values of PEFR among South Indians. Ind. J. Physiol. Pharmac., 15: 18-19, 1971.
- Behera D. B.K. Mohanty and S.K. Malik. Ventilatory capacity of healthy tribals from Orissa state (India). Ind. J.Med.Res., 79: 236-238, 1984.
- Ferris, B.G. Jr., D.O. Anderson and R. Zickmantel. Prediction values for sreening tests of pulmonary function. Amer. Rev Resp.Dis. 91: 252-261, 1965.

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- 4. Gregg, Land A.J. Nunn. Peak expiratory flow rate in normal subjects. Br.Med.J., 3: 282-284, 1973.
- Gupta, P., S. Gupta and R.L. Ajmera. Lung Function Tests in Rajasthani subjects. Ind. J. Physiol. Pharmac., 23: 8-14, 1979.
- Johansen, Z.M. and L.D. Erasmus. Clinical spirometry in normal Bantu. Amer. Rev. Resp. Dis., 97: 584-597, 1968.
- Kamat, S.R., K.V. Thiruvengadam and T.L. Rao. A study of pulmonary function among Indians and assessment of Wright Peak Flow Meter in relation to spirometry for field use. *Amer.Rev.Resp.Dis.*, 96: 707-716, 1967.
- Lunn, J.E. Respiratory measurements of 3356 Sheffield school children. Br.J.Prev.Soc.Med., 19: 115-122, 1965.
- Malik, S.K., S.K. Jindal, V. Jindal and S. Bansal. Peak Expiratory Flow Rate in healthy adults. Ind.J.Chest Dis., 17: 166-171, 1975.
- Malik, S.K., S.K. Jindal, N. Banga. P.K. Sharda and H.D. Gupta. Peak Expiratory Flow Rate of healty North Indian Teachers. Ind.J.Med.Res., 71: 322-324, 1980.
- Murray, A.B. and C.D. Cook. Measurements of Peak Expiratory Flow Rate in 220 normal children from 4.5 to 18.5 years of age. J.Paediat., 62: 186-189, 1963.
- Nairn, J.R., A.J. Bennet, J.D. Andrew and P.A. McArthur. Study of respiratory function in normal school children The Peak Flow Rate. Arch. Dis. Child, 36: 253-258, 1961.
- Parmar, V.R., L. Kumar and S.K. Malik. Normal values of Peak expiratory flow rates in healthy normal school children 6-16 years of age. Indian Pediatrics, 14: 591-594, 1977.
- Singh, H.D. and S. Peri. Peak expiratory flow rate in South Indian children and adolescents. Indian Pediatrics., 15: 473-478, 1978.
- Singh, H.D. and S. Peri. Peak expiratory flow rate in South Indians. Ind. J. Physiol. Pharmac., 23 315-320, 1979.
- Woolcock, A.J. M.R. Colman and C.R.B. Blackburn. Factors affecting normal values for ventilatory lung function. Amer. Rev. Resp. Dis., 196: 692-709, 1972.