



Gold Coast Lung Function Laboratory

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lungspot

The Breathless Patient

Dyspnoea represents the presenting feature of a wide variety of disease processes. Main causes may be generally grouped (with some examples) as:

1. Respiratory
 - a. Ventilatory defect- asthma, emphysema, stiffening chest wall, large pleural effusion
 - b. Gas exchange- pneumonia, pulmonary oedema
 - c. Respiratory control- acute hypoxaemia, stimulation of pulmonary receptors (e.g. interstitial oedema, acute bronchospasm), pregnancy (high progesterone), drugs (aspirin), anxiety (hyperventilation)
2. Cardiovascular
 - a. Reduced cardiac output- diseases of myocardium
 - b. Normal cardiac output- deconditioning, diastolic dysfunction, HOCM
 - c. Increased cardiac output- anaemia, left to right shunts, obesity (in part).

September 2009 – Issue 2

APPROACH TO ASSESSMENT OF DYSPNOEA

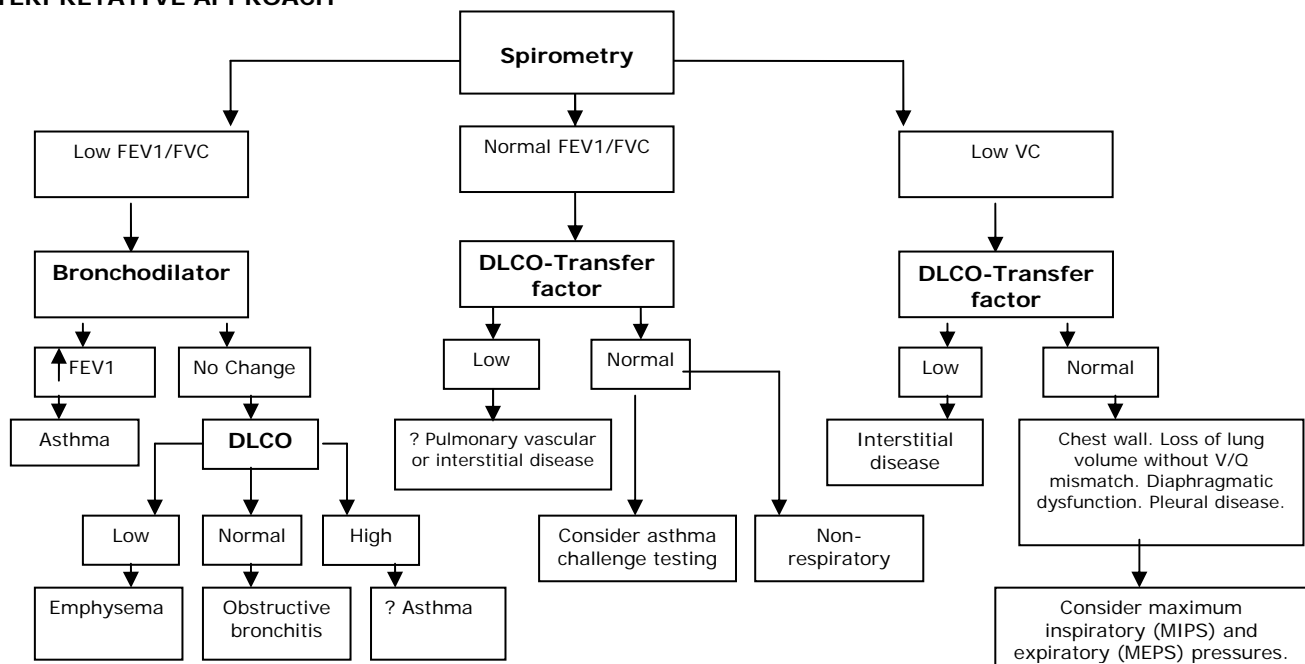
History-past cardiac or respiratory disease, other medical conditions, smoking history, work history

Examination-particularly concentrating on cardiovascular and respiratory exam

Investigation-depending on provisional diagnosis may include: chest x-ray, spirometry, ECG, pathology (e.g. Hb, BNP, TFT) may be needed.

If suspect respiratory cause of dyspnoea and no other obvious pathology then further assess respiratory system with complex lung function studies. The schema below provides a general framework which may require modification if more than one pathology.

INTERPRETATIVE APPROACH



Adapted from Harrison's: Principles of Internal Medicine 17th ed.

Further information available at www.lungfunction.com.au

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