Proposed Primary Care Approach to Assessing Adults with Chronic Dyspnea Investigations

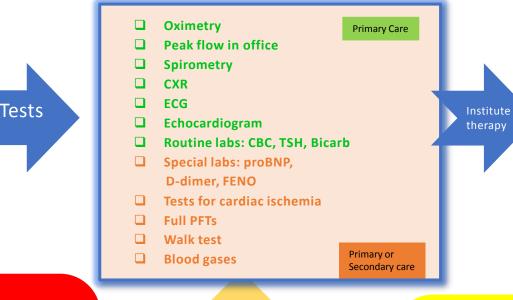
AAMEN DE PHYSICAN airways group

First steps

To aid in diagnosis/referral/initial treatment

□ History
□ Consider duration of symptoms
□ Review Red Flags (see below)
□ Review medical history, including medications:
□ Smoking/Lung exposures
□ CV risk and history (CAD, BP)
□ Occupational/environmental issues or travel exposure?
□ PE risk: Virchows triad
□ Sputum
□ Constitutional symptoms
□ Perform physical exam

May do multiple in sequence or as a group in primary care mostly, some requiring referral/hospital settings



While patient waits to be seen by specialist

-follow up

- Consider other potential causes / additional investigations
- ☐ Consider possibility of >1 cause
- Assess adherence to treatment of potential underlying conditions
- ☐ Re-evaluate patient for (subtle) symptoms
- Continue to support your patient through their journey

Red flags for acute issues

- Hemoptysis
- > Smoker >45 years with new cough, cough change or coexisting voice disturbance
- Hoarseness
- > Systemic symptoms, including fever, weight loss, night sweats, peripheral edema with weight gain
- > Trouble swallowing while eating or drinking
- Vomiting
- > Recurrent pneumonia
- Chest pain
- Calf pain

Potential causes

- Asthma
- COPD
- Cardiac ischemia
- Infection
- Interstitial lung disease
- PE/CTEPH
- Cardiomyopathy
- HFpEFr
- HFrEFr
- Pulmonary Hypertension

Additional investigations (depending on access and situation)

- Further Cardiac workup (Holter monitoring, Stress Echo)
- ➤ HRCT
- Ventilation perfusion lung scan
- Bronchial provocation
- Bronchoscopy
- ▶ 24-hour oesophageal pH monitoring
- Coronary Angiogram left vs right sided
- Lung biopsy