



# SPRING 2019 PULMONARY UPDATES

## Dyspnea Assessment in Patients with IPF

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So dyspnea or shortness of breath is one of the most important clinical topics for practicing pulmonologists, the use of a new tool so that clinicians are better able to recognize dyspnea early in their practice and employ appropriate strategies to treat patients effectively. So this new tool was developed in our center and we presented the data showing how it helps further refine the populations of IPF patients and understand their dyspnea in each of the MRC cohorts. And what it showed us was that in addition to describing the severity of the dyspnea sensation that patients experience, it also helps us distinguish between different types of dyspnea, such as baseline dyspnea, or exertional dyspnea which happens to be one of the most common presenting symptoms in IPF, as well as dyspnea crisis. So once the clinicians are familiar with these types of dyspnea, they can recognize them early, then they will hopefully be able to treat patients much more effectively. So in the study, what we showed is that when you compare the MRC to this new clinical tool to measure dyspnea there are some parts of the tools that correlate with each other very well. And there are some parts that don't, which actually highlights the fact that this new tool is able to bring out certain nuances in dyspnea assessments that MRC does not. So this was, I think, very interesting to me to understand and to know that there is a new tool and that is easily applicable in clinical practice. One of the other studies that describes strategies is also very interesting, because now using a tool that allows Early Assessment of dyspnea will allow clinicians to start therapies early. So what do I mean by those therapies? I mean, a lot of these non-pharmacological strategies such as spacing, teaching patients how to conserve their energy, use oxygen effectively, manage symptoms, symptoms self-management, all of these strategies were able to be employed effectively and early by use of these clinical tools. So I think as far as dyspnea is concerned, those two studies really stand out.