Non-acute Breathlessness

This is a basic guide to the assessment of adults presenting with breathlessness for ≥ 4 weeks

East of England Strategic Clinical Networks

ASK

- When did the breathlessness start?
- What causes it?
- What relieves it? • Any episodes at night?
- Can the patient walk up a flight of stairs?
- Are there any associated symptoms?
- PMH • Occupational and environmental
- Medication • Smoking history in pack years

ASSESS

- Respiratory rate and pattern
- SpO2
- Respiratory and cardiac examination
- Body mass index
- Position of patient
- Blood pressure
- Pulse (rate & rythmn)
- Temperature
- Finger clubbing

RED FLAGS:

- Unexplained weight loss, night sweats
- Haemoptysis
- Rapid or slow respiratory rate
- SpO2 <92% in healthy individual or <88% in patients with known chronic lung disease
- Pulse rate <40 >100 bpm
- Silent chest or confusion

Symptoms & Assessment	Possible Diagnoses
• Breathlessness on exertion, nocturnal dyspnoea, orthopnea • Ankle oedema, raised JVP, fine creps in lung bases • CXR & ECG may be abnormal. NTproBNP will be elevated	**Heart Failure** • Causes include IHD, Hypertension, AF and other arrhythmias, valvular heart disease • Arrange/refer for echocardiogram • Refer to NICE heart failure guidelines
• Progressive exertional breathlessness • BMI >30, examination otherwise may be normal, consider sleep apnoea	**Obesity / Deconditioning** • Consider lifestyle advice, referral to local health trainers / obesity services • Consider co-morbidities e.g. diabetes • If Epworth is >10 then refer to sleep assessment service
• Progressive breathlessness associated with exertion, smoking history (≥10 pack years) • Chest sounds may be abnormal • Spirometry obstructive, CXR may be abnormal, oxygen saturations may be low	**COPD** • Arrange diagnostic spirometry • Refer to NICE COPD guidelines
• Exertional breathlessness • May present with palpitations, pre-syncope / syncope, fatigue • ECG abnormal, check thyroid function	**Arrhythmias** • Most common AF, Bradycardia • Refer to NICE arrhythmias guidelines • Refer for cardiology opinion where appropriate
• Progressive exertional breathlessness, fatigue • Pale, may have lemon tinge or jaundice • Hb low, MCV low, arrange ferritin, B12 & folate	**Anaemia** Investigate potential causes
• Breathlessness variable in intensity and timing, associated with history of atopy • May have wheeze in lung fields, examination may be normal • CXR / spirometry may be normal, may have raised eosinophils	**Asthma** • Arrange PEFR diary • Spirometry with reversibility • Refer to BTS SIGN asthma guidelines
• Anxiety or depression, tingling around face & hands, voice changes, a sensation of difficulty with inspiration • Depression & anxiety screening questionnaires may be positive	**Dysfunctional Breathing** • Examples include vocal cord dysfunction and hyperventilation • Assess Nijmegen score if >23 refer to dysfunctional breathing services • Consider CBT / psychological therapies: www.physiohypervent.org
• Unexplained breathlessness on minimal exertion, 'silly cough', exposure to asbestos / birds / coal / silica • Finger clubbing, "velcro" creps in lung fields • Spirometry may be normal OR restrictive	**Lung Fibrosis** • Arrange CXR • Refer to pulmonary specialist • Consider spirometry
• Progressive exertional breathlessness • May present with exertional chest pains and or syncope • Heart murmur likely	**Cardiac Valve Disease** • Arrange / refer for echocardiogram • Refer for cardiology opinion where appropriate
• Gradual increase in breathlessness, persistent cough (> 3 weeks), haemoptysis, hoarseness, chest or shoulder pain, weight loss, smoking history • Finger clubbing, lymphadenopathy, abnormal lung field signs • Arrange urgent CXR	**Lung Cancer** • Urgent referral to lung cancer service • See NICE guidance on urgent lung cancer referrals
• History of PE / DVT / pleuritic chest pains / recent surgery / immobility / pregnancy / malignancy / obesity / IV drug user / recent long haul travel • SpO2: low or normal, ↑ pulse rate • Chest signs and ECG may be abnormal	**Chronic Pulmonary Emboli** • Refer to acute services • If D-dimer negative, young patient or recent viral injury: consider pericarditis (saddleback changes on ECG)

THESE ARE COMMON CAUSES OF BREATHLESSNESS. OTHERS EXIST AND CONDITIONS MAY COINCIDE. A REFERRAL IS NECESSARY IN THE ABSENCE OF A DEFINITIVE DIAGNOSIS

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