


**RESPIRATORY CASE
GP PEER GROUP**

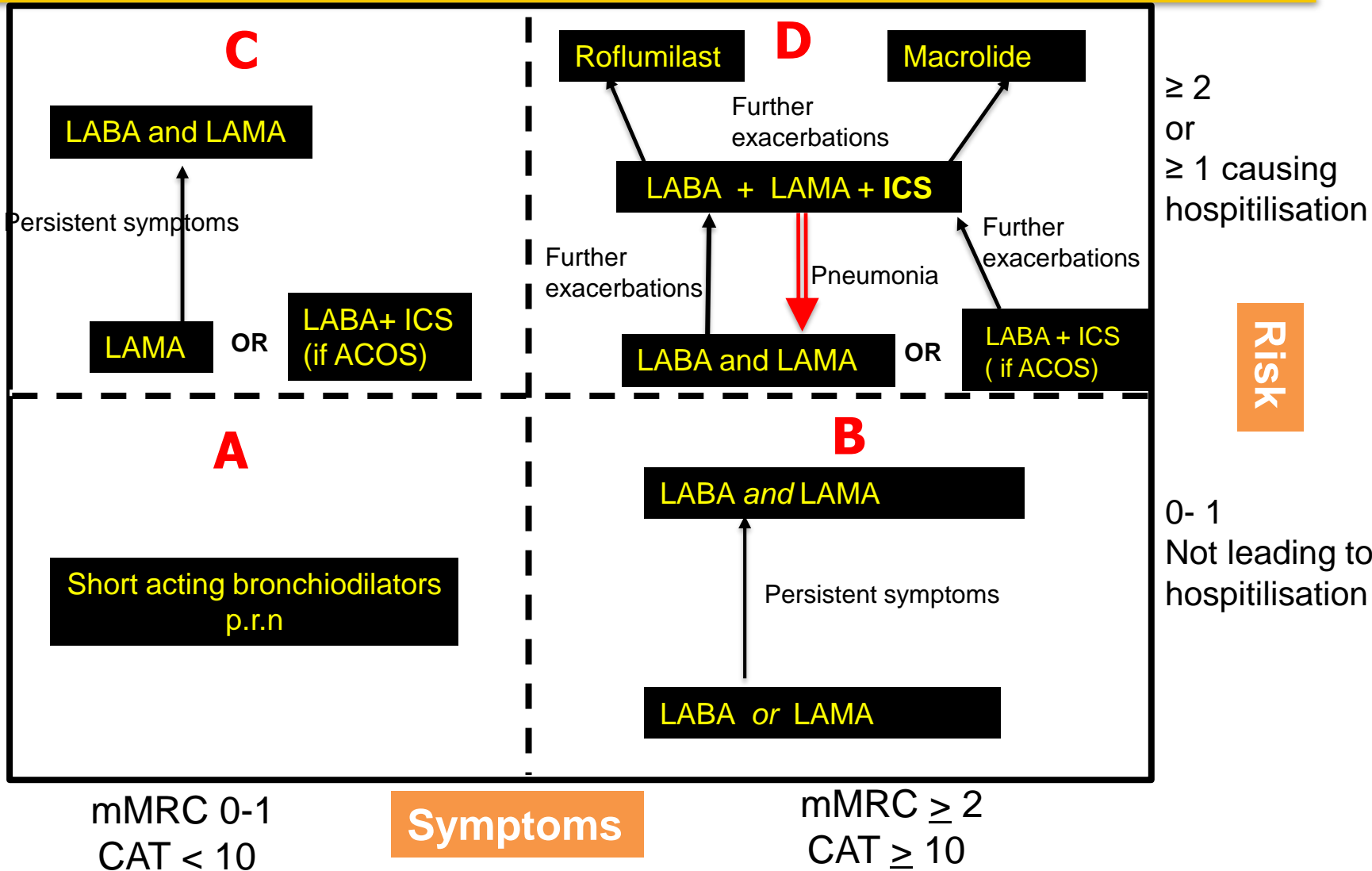
DONNY WONG RESPIRATORY PHYSICIAN

CASE 1

75 year old current smoker for 50 years, increasing short of breath on short distances compared to people his age. He has a productive cough first thing in the morning and uses ventolin up to 4 times a day to relieve breathlessness. He feel this is all asthma.

- Qs
1. What's the most likely diagnosis here?
 2. How to confirm the diagnosis?
 3. Best things to do here for him?
 4. When to refer him onwards?
 5. Other things to consider?
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GOLD 2017 Guidelines



Reason prompting referral	
Diagnostic uncertainty and exclusion of asthma	Assessing suitability for pulmonary rehabilitation, if uncertain
Unusual symptoms such as haemoptysis	Bullous lung disease on CXR or CT
Rapid decline in functional performance	COPD < 40 years of age
Persistent symptoms	Persistent dyspnoea, marked hyperinflation, severe airflow limitation or emphysema (refer for assessment for lung transplantation, or bronchoscopic or surgical lung volume reduction procedures) ⁷
Frequent chest infections (i.e. more than annually)	Dyspnoea associated with chest tightness, anxiety or dizziness (refer for consideration of dysfunctional breathing*)
Onset of ankle oedema	Daytime sleepiness, complaints by partner of heavy snoring
Oxygen saturation, SpO ₂ <92% when stable (refer for assessment for long-term oxygen therapy: see page 23 for further details)	

Answers

1. COPD with smokers cough, clarify asthma and bronchiectasis, other cause of chronic cough, consider CVDs
2. Bedside spirometry with appropriate techniques
3. Confirm diagnosis, and two things that prolongs life, smoking cessation and oxygen for those with hypoxaemia, optimise symptoms with inhalers, pulmonary rehab, lung health Mx (keeping well, keeping active, keeping warm, hand hygiene, vaccination, early treatment of exacerbations)
4. Struggling with symptoms, too many exacerbations, unusual COPD diagnosis, cor pulmonale
5. Comorbidities management, including cardiac, mental health, osteoporosis