

THE BREATHLESS PATIENT

In the general practice setting, when a patient first presents with dyspnoea or tachypnoea, a few pointers should immediately go through your mind.

- 1) Is he hypoxic? Check the pulse oximetry
- 2) Is the breathlessness acute or chronic?
- 3) Any associated symptoms like chest pain, diaphoresis or cough
- 4) Any associated signs like fever, wheezing or lung crepitations and ankle oedema.

The causes of breathlessness can be divided into

- 1) Respiratory causes such as pneumonia, asthma, pleural effusion, pneumothorax or pulmonary hypertension
- 2) Cardiac causes such as myocardial infarction or pulmonary oedema,
- 3) Systemic causes such as anaemia or acidosis
- 4) Chest wall causes such as kyphoscoliosis or obstructive sleep apnoea

After a targeted history and physical examination, a few simple tests can help to delineate the aetiology of the symptoms.

- 1) Chest XRay
- 2) ECG
- 3) Pulse oximetry or arterial blood gas
- 4) Haemoglobin and renal profile

If these simple measures do not elucidate the diagnosis then think of

- 1) Pulmonary embolism or pulmonary hypertension
- 2) Obesity and obstructive sleep apnoea
- 3) Small pneumothorax
- 4) Retrocardiac pneumonia

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