Correspondence

To the Editor:

Pulmonary Medicine, Government Medical College and Hospital, Chandigarh, India

The authors have no conflicts of interest to disclose.

Reproduction of this article is prohibited without written permission from the American College of Chest Physicians (www.chestjournal.org/misc/reprints.shtml).

Correspondence to: Deepak Aggarwal, MD, Department of Pulmonary Medicine, Government Medical College and Hospital, Sec-32, Chandigarh, India; e-mail: aggarwaldr@yahoo.co.in

DOI: 10.1378/chest.08-2294

REFERENCES


Response

To the Editor:

Dr. Aggarwal and colleagues1 in a recent article (September 2008), highlighted the importance of language used by elderly patients to describe the sensation of breathlessness in distinguishing COPD. However, breathlessness may occur in elderly persons with a number of conditions such as congestive heart failure, asthma, interstitial lung disease, coronary artery disease, age-related changes, and anemia. Unique dyspnea terms used by the subjects may not differentiate COPD from congestive heart failure2 and other cardiorespiratory disorders. The study would have been more useful if these confounding morbidities were either excluded or discussed and compared with COPD individually for language of breathlessness, instead of clubbing them into one “non-COPD” group.

Description of the sensation of breathlessness in a patient with COPD may not only vary with age, sex, state of mind, and cultural background of the subject, but also with disease characteristics such as stage of COPD and presence of exacerbation. In fact, the patient’s perception of this breathlessness may change with involvement of any system or with the presence of any symptom about which he or she are more concerned. Clinical applicability of this distressing symptom in differentiating COPD is still a matter of debate. The language of breathlessness may give a clue but may not lead to diagnosis and should never hinder a clinician in evaluating dyspnea comprehensively.

Deepak Aggarwal, MD
Prasanta Baghab Mohapatra, MD, FCCP
Anup Kumar Singh, MBBS
Government Medical College and Hospital
Chandigarh, India

Marie Therese Williams, PhD
Timothy Olds, PhD
University of South Australia
Adelaide, SA, Australia
John Petkov, MSc
University of South Australia
Whyalla, SA, Australia
Paul Cafarella, BA
Peter Frith, MBBS, FCCP
Repatriation General Hospital
Adelaide, SA, Australia

The authors have reported to the ACCP that no significant conflicts of interest exist with any companies/organizations whose products or services may be discussed in this article. Reproduction of this article is prohibited without written permission from the American College of Chest Physicians (www.chestjournal.org/misc/reprints.shtml).

Correspondence to: Marie Therese Williams, University of South Australia-School of Health Sciences, City East Campus, Centenary Building North Terrace, Adelaide, SA 5000, Australia; e-mail: marie.williams@unisa.edu.au

DOI: 10.1378/chest.08-2926