Correspondence

Response

To the Editor:

Dr. Aggarwal and colleagues1 raise a number of interesting points concerning our study2 of differences in the sensation of breathlessness between older people with and without a diagnosis of COPD. Breathlessness is a symptom common to a variety of conditions, Aggarwal et al3 stated that, “unique dyspnea terms may not differentiate between COPD and congestive heart failure,” yet in the study by de Souza Caroci and Lareau4 that was cited to support this statement there was indeed one unique volunteered descriptor (scary) and one endorsed breathlessness statement (my breath does not go all the way out) that differed significantly between subjects with COPD and those with congestive heart failure. More commonly, studies5,6 have reported that combinations or clusters of breathlessness descriptors rather than single words or descriptors are associated with specific chronic conditions.

The intent of our study was to compare similarly aged people with and without a diagnosis of COPD rather than use a younger, healthier control group. Undoubtedly, excluding significant comorbidities in the non-COPD group would have been methodologically cleaner but would have resulted in a control group that bore little resemblance to the average older, community-dwelling adult. Our intent was to recruit two groups of subjects that were similar in age and the prevalence of comorbidities (eg, cardiovascular disease and diabetes) but differed in the presence of a diagnosis of COPD.

We agree with Aggarwal et al3 that “descriptions 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 like the stage of COPD and presence of exacerbation.” While this makes intuitive sense, to our knowledge, apart from a small number of studies5 concerning ethnic or cultural influences on the language of breathlessness, there are few rigorous empirical data to support the existence of such associations, and this area warrants further systematic exploration.

We fully support the assertion by Aggarwal et al3 that the language that people use to describe their sensation of breathlessness may provide direction concerning whether a more comprehensive evaluation is warranted. At this stage, descriptors of breathlessness cannot provide a definitive diagnosis. We can only reiterate what researchers in this area have previously recommended: rather than assuming that the sensation of breathlessness varies only in intensity over time and between people, asking people to describe their qualitative sensation of breathlessness may provide a starting point for better management.

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