**Language of Breathlessness**

**Confounding Factors and Clinical Implications**

*To the Editor:*

Williams and colleagues,1 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

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 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 al1 stated that, “unique dyspnea terms may not differentiate between COPD and congestive heart failure,” yet in the study by de Souza Caroci and Lareau2 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, studies3–5 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 al1 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 al1 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.

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