

Assessment of Breathlessness

A basic guide to the assessment of adults presenting with breathlessness for > 4 weeks

History

- Onset of symptoms
- Associated features: chest pain, leg swelling, palpitations, wheeze, sputum
- Past medical history of respiratory or cardiac disease
- Smoking history
- Functional status/exercise capacity
- Medications/recent changes in therapy
- Sleep quality/Mental health history
- Occupational history

Examination

- Vital signs: BP, HR, RR, SpO₂
- Observation of breathing pattern
- Full respiratory and cardiac examination
- Peripheral stigmata of cardiac or respiratory disease
- BMI
- Evidence of deconditioning or muscle wasting

Causes of breathlessness

Cardiac:

- Heart failure
- Angina/IHD
- Valve disease
- Arrhythmias

Fitness/Deconditioning:

- Low fitness level
- Obesity
- Frailty

Other:

- Anaemia
- Chronic Kidney Disease
- Thyroid disease

Respiratory:

- Asthma
- COPD
- ILD
- Pleural disease
- Pulmonary hypertension

Mental Health:

- Depression
- Anxiety

Investigations

- Blood tests including FBC, TFTs, NT-ProBNP
- ECG
- CXR (if not done within the last 6 months or new symptoms/signs suggesting a change in clinical picture requiring new imaging)
- Spirometry if suspicion of primary lung disease (if spirometry not available due to COVID-19 risk then for serial peak flows) – in the absence of spirometry it patient's may have to have a trial of treatment for obstructive lung disease without spirometry. Refer to your CCG's asthma and COPD guidance. Spirometry can then be done at the earliest opportunity when available.
- Echocardiogram if available and suspicion of congestive cardiac failure or valve disease
- Screening for mental health conditions such as anxiety/depression

General Points

- Patients should be investigated as above and treated/ referred as appropriate dependent on individual condition referral guidelines.
- Patients may have more than one contributing factor to cause their breathlessness
- All patients should be offered lifestyle advice regarding weight management, alcohol reduction , physical activity levels and smoking cessation advice/referral.
- If there is no definitive cause of breathlessness or the patient's level of breathlessness is deemed out of proportion to their underlying diagnosis a secondary care referral should be considered.
- If the information provided when the patient is referred does not suggest appropriate investigations or trials of treatment then the referral may be returned to primary care with advice for investigation and treatment.