

more invasive testing and subspecialty referral as is indicated to determine the underlying cause of dyspnea. CBC, complete blood count; DLCO, diffusing capacity of the lungs for carbon monoxide; ECG, electrocardiogram. (*Adapted from NG Karnani et al: Am Fam Physician 71:1529, 2005.*)

OVERALL

For patients with a known prior pulmonary, cardiac, or neuromuscular condition and worsening dyspnea, the initial focus of the evaluation will usually address determining whether the known condition has progressed or whether a new process has developed that is causing dyspnea. For patients without a prior known potential cause of dyspnea, the initial evaluation will focus on determining an underlying etiology. Determining the underlying cause, if possible, is extremely important, as the treatment may vary dramatically based on the predisposing condition. An initial history and physical examination remain fundamental to the evaluation followed by initial diagnostic testing as indicated that might prompt subspecialty referral (e.g., pulmonary, cardiology, neurology, sleep, and/or specialized dyspnea clinic) if the cause of dyspnea remains elusive ([Fig. 37-2](#)). As many as two-thirds of patients will require diagnostic testing beyond the initial clinical presentation.

HISTORY

The patient should be asked to describe in his or her own words what the discomfort feels like as well as the effect of position, infections, and environmental stimuli on the dyspnea, as descriptors may be helpful in pointing toward an etiology. For example, symptoms of chest tightness might suggest the possibility of bronchoconstriction, and the sensation of inability to take a deep breath may correlate with dynamic hyperinflation from COPD. Orthopnea is a common indicator of congestive heart failure (CHF), mechanical impairment of the diaphragm associated with obesity, or asthma triggered by esophageal reflux. Nocturnal dyspnea suggests CHF or asthma. Acute, intermittent episodes of dyspnea are more likely to reflect episodes of myocardial ischemia, bronchospasm, or pulmonary embolism, while chronic persistent dyspnea is more typical of COPD, interstitial lung