Idiopathic Pulmonary Fibrosis (IPF)

Type: Chronic, progressive interstitial lung disease w/ unknown cause

Patients: Men and women age 50+

Presentation: Gradual onset of symptoms.

Diagnosis: **Major criteria** (all 4 required): Exclusion of other known causes (cancer, NSIP, AIP); abnormal Pulmonary Function Tests w/ evidence of restriction; bibasilar reticular abnormalities; transbronchial lung biopsy or BAL that rules out alternative diagnosis.

Minor criteria (3 of 4 required): Age > 50; insidious, unexplained onset of dyspnea; illness duration > 3 months; bibasilar inspiratory crackles ("rales").

Symptoms: Dyspnea (difficulty breathing), dry cough, clubbing, rales. These are non-specific for IPF.

- Causes: Unknown. Suspects include genetics, smoking, autoimmune disease, gastroesophageal reflux disease, sarcoidosis, scleroderma, RA, radiation-induced fibrosis
- Treatment: No real consensus on a standard treatment; varies by patient. Options include medications, supplemental oxygen, pulmonary rehabilitation & lung transplant. **Meds**: Prednisone, Cytoxan, Azathioprine, NAC

Prognosis: 30-50% die within 5 years.

Patient Lifestyle

- Pulmonary Function Test: Complete pulmonary analysis including chest X-ray, blood gas values, pulmonary function values, bronchoscopy. **Spirometry** reveals reduction in vital capacity. Decreased static **lung volume** = restriction. Reduced **carbon monoxide diffusing capacity** is characteristic of IPF.
- Bronchoalveolar lavage (BAL): Process in which physician obtains respiratory cells using a saline wash and suction during a bronchoscopy
- Honeycombing: Pattern of scarring sometimes seen in IPF patients with scarred alveoli. Indicative on an X-ray of IPF.

Population Stats

Incidence: current estimates = 200,000 Americans have IPF. But as of today there has been no formal study to determine incidence.

Company Information

Take Your Research Further. Faster.

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