



Understanding Pulmonary Fibrosis

Other Health Conditions and Pulmonary Fibrosis

Pulmonary Fibrosis (PF) affects adults who are often over the age of 50. Although PF is limited to the lungs, you may also have other health conditions that can impact your wellbeing. It is important to recognise and treat these other conditions, known as comorbidities, as they can influence your health and life expectancy. Some comorbidities can make PF worse if they are not controlled.

Other common health conditions in people with PF

In addition to PF, you may also have other conditions such as osteoarthritis, high blood pressure (hypertension), high cholesterol or diabetes. These conditions are common in people over 50 years regardless of a PF diagnosis and can be managed with your GP, although they may sometimes require referral to a non-GP specialist.

There are also a range of conditions that are particularly associated with PF, including obstructive sleep apnoea (OSA), gastro-oesophageal reflux disease (GORD), feelings of anxiety and depression, other lung conditions and cardiovascular disease. These conditions should also be managed with input from your specialist doctor.

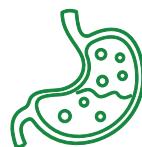


Obstructive Sleep Apnoea (OSA)

OSA involves brief but repetitive obstruction in airflow during your sleep, and can cause daytime sleepiness, poor concentration, and cardiovascular disease. Approximately 60–90% of people with PF also have OSA.

If your treating doctor thinks you have OSA, you may need an overnight sleep study.

- If you have severe OSA, the recommended treatment is Continuous Positive Airway Pressure (CPAP), which involves wearing a tight-fitting mask while you sleep
- If you have milder OSA, specialised mouth guards may improve your sleep
- Your treating doctor might also recommend weight loss and minimising alcohol consumption.



Gastro-oesophageal Reflux Disease (GORD)

GORD is common in people with PF. There is also some evidence that reflux contributes to the progression of PF and causes acute exacerbation (flare-up of symptoms). If you suffer from GORD, there are a range of treatments that can help with the symptoms including acid-suppressing medications or (very rarely) surgery.



You might find that avoiding certain foods and alcohol can help. You should eat meals well before bedtime and try raising the head of your bed. If your symptoms persist, you might need a referral to a gastroenterologist.



Feelings of anxiety and depression

People with PF and their caregivers may develop feelings of anxiety and depression because of the impact of PF on their life. PF symptoms such as breathlessness may also trigger an anxious feeling.



If you notice you have a lot of negative feelings, it is important to discuss this with your friends and family, as well as your GP and specialist doctor. They may suggest treatments to help alleviate symptoms or suggest you talk to a psychologist or psychiatrist.



Cardiovascular disease

This includes conditions such as high blood pressure, coronary artery disease, heart failure and stroke. Although these conditions are common in the general population, people with PF may be at greater risk.

- If you are experiencing chest pain, heart palpitations or ankle swelling, your treating doctor will check if you have cardiovascular disease
- If you have a family history of cardiovascular disease, are a former smoker, have diabetes, high blood pressure, or high cholesterol, you are at higher risk of cardiovascular disease and it is recommended that you discuss this with your GP.

Pulmonary Hypertension is another type of cardiovascular disease that involves increased blood pressure within the lungs, particularly in advanced PF. It can be difficult to treat, however it may be helped by using supplemental oxygen.



Other lung conditions

Some people may have more than one lung problem. Cigarette smoking is a known risk factor for PF, as well as Chronic Obstructive Pulmonary Disease (COPD). Asthma is also common in Australia and may coexist with PF. These overlapping conditions may be detected on chest CT scans and lung-function tests. If you have asthma or COPD, you might need an inhaler, but it's important you understand that inhalers don't have any benefit for PF alone.

If you have PF, it's important to look after yourself and that includes making sure your other health conditions are well managed. Talk to your treating healthcare team about any concerns related to other health conditions that may be associated with PF.

Ensure you stay active, eat a healthy diet, continue with any medications or treatments recommended for your other health conditions and let your treating doctor know if there are any changes in your overall health, not just with your breathing.



FURTHER INFORMATION AND SUPPORT

Contact Lung Foundation Australia for more information, to access our support services and join our mailing list for regular updates and latest news.

Lung Foundation Australia Services

- Information and Support Team
- Lung disease information resources and webinars
- Support groups and Peer-to-peer connections
- Referral to pulmonary rehabilitation and Lungs in Action exercise programs

External Links

- Centre of Research Excellence in Pulmonary Fibrosis www.cre-pf.org.au
- Pulmonary Fibrosis Australasian Clinical Trials Network (PACT) www.pact.lungfoundation.com.au

Lungfoundation.com.au | Freecall 1800 654 301 | enquiries@lungfoundation.com.au

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