

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/living-rheum/identifying-and-diagnosing-ra-associated-Interstitial-lung-disease/70161/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Identifying and Diagnosing RA-Associated Interstitial Lung Disease

Announcer:

You're listening to *Living Rheum* on ReachMD. Today, we'll learn about the identification and diagnosis of rheumatoid arthritis-associated interstitial lung disease with Dr. Bryant England. He's Chief of the Division of Rheumatology and Immunology at the University of Nebraska Medical Center, where he also serves as an Associate Professor. Let's hear from Dr. England now.

Dr. England:

About 10 percent of people with rheumatoid arthritis will develop interstitial lung disease to the degree that they have symptoms such as cough or shortness of breath. Another 10 to 20 percent of people with rheumatoid arthritis might have some earlier changes of interstitial lung disease but not necessarily have symptoms.

Now, once people are diagnosed with symptomatic interstitial lung disease, the median survival ranges between about three to eight years, so this is absolutely a serious condition whose prognosis rivals many cancers.

There are certain risk factors for interstitial lung disease in RA. This includes older age. Males, people who smoke cigarettes, and the people who've had severe rheumatoid arthritis—meaning their joint manifestations have been difficult to control, or maybe they have other systemic manifestations of rheumatoid, such as subcutaneous nodules—tend to have more interstitial lung disease. And then we are learning more and more about different genetic variants that may actually increase an RA person's risk of developing interstitial lung disease.

The most common symptoms that people have are cough and shortness of breath. Now, usually, this cough is a non-productive cough that's just gradually progressed over time. They may be short of breath and get winded with activity. But one of the challenging things about interstitial lung disease and rheumatoid arthritis is that sometimes people—because of their joint disease—have already reduced their activity level. And so we have to, as clinicians, be very good about asking detailed questions about the potential respiratory symptoms, because there's a chance that their arthritis has already limited them a bit in terms of their typical activity level, so they aren't doing as much as they were when they would have noticed being winded.

When we suspect interstitial lung disease, we then order a high-resolution computed tomography of the chest—which is a CT scan of the chest—as well as complete pulmonary function tests. So that's spirometry, where they're taking deep breaths in and out, as well as diffusion capacity and lung volumes. We really want to have all of this information, not just for interstitial lung disease, but because there are other types of lung disease that can occur in people with rheumatoid arthritis that we also want to assess for—things like airway diseases.

After we obtain that testing, then, usually, we're having these individuals also see a pulmonologist who specializes in interstitial lung disease. And ideally, the best situation is when we can get the rheumatologist, the pulmonologist, and a radiologist all together to discuss what's been going on with this patient and review all of their testing data as part of a multidisciplinary discussion.

Announcer:

That was Dr. Bryant England talking about rheumatoid arthritis-associated interstitial lung disease. To access this and other episodes in our series, visit *Living Rheum* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!