Being breathless doesn’t always mean it’s asthma or COPD

Idiopathic pulmonary fibrosis (IPF) is a difficult disease to identify. About 50% of IPF cases are misdiagnosed.

A.C.T. NOW

A ssess your symptoms
C onsult your doctor
T ake an active approach

Talk to your doctor
Obstructive pulmonary diseases (like COPD)

Narrowing of the airways, making it difficult to exhale. The airways are blocked and slow the air flow.

Learn the difference

What is it?

Idiopathic pulmonary fibrosis (IPF)

Permanent scars form in the lungs. The lungs become damaged and cannot fully expand.

What does it affect?

Airways

Lung tissue between air sacs and small blood vessels

How does it affect the lungs?

Damage and inflammation/irritation of airway

Abnormal scarring in the space between air sacs and capillaries

How are some of the symptoms?

• Stubborn productive cough
  • Wheezing
  • Shortness of breath
  • Frequent respiratory infections

• Stubborn dry cough
  • Shortness of breath with everyday activities
  • Fatigue/weakness
  • Loss of appetite
  • Unexplained weight loss

How is it diagnosed?

A breathing test called spirometry, X-ray or CT scan, and the sound of your breathing (wheezing)

Spirometry test, high-resolution CT scan, and the sound of your breathing (Velcro crackling) when your doctor listens to your chest

How will my doctor be able to tell the difference?

The amount of air you can blow out in 1 second is reduced because of the obstruction of air escaping the lungs

Your doctor will use a spirometer to measure your breath, and compare how much air you can forcibly blow out in 1 second (FEV₁) to how much air you can forcibly blow out in 1 breath (FVC)

IPF reduces both the amount of air you can blow out in 1 second (FEV₁) and the amount of air you can forcibly blow out in 1 breath (FVC) to a similar degree

CT=computed tomography; FEV₁=forced expiratory volume in 1 second; FVC=forced vital capacity.
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If you have any of these symptoms, talk to your doctor.