

What is dyspnea?

Dyspnea, or shortness of breath, is a common symptom and often occurs during exercise or exertion. Chronic dyspnea can greatly affect quality-of-life and limit participation in activities that many people enjoy.

Because dyspnea can be attributed to many conditions, it can be difficult to accurately diagnose. Occasional shortness of breath can be common with overexertion or with a temporary respiratory infection. Chronic dyspnea, including dyspnea that occurs regularly with exercise, dyspnea that persists after initial treatment, or dyspnea that remains unexplained after diagnostic testing should be evaluated by a physician with expertise in dyspnea and its underlying causes.

What causes shortness of breath?

Dyspnea can be caused by many conditions, including:

- Asthma;
- Cardiomyopathy;
- Chronic bronchitis;
- Chronic obstructive pulmonary disease (COPD);
- Congestive heart failure;
- Diastolic dysfunction;
- Emphysema;
- Neuromuscular conditions;
- Pneumonia;
- Pulmonary edema;
- Pulmonary fibrosis;
- Pulmonary hypertension;
- Ventricular dysfunction.

How is dyspnea diagnosed?

The most accurate way to diagnose dyspnea is through Advanced Cardiopulmonary Exercise Testing. This test uses catheters during exercise (cycling) to assess how the body is utilizing oxygen and to measure heart and lung function. Brigham and Women's Hospital is one of few hospitals in the nation to offer Advanced Cardiopulmonary Exercise Testing. Many standard

diagnostic tests for shortness of breath, including noninvasive cardiopulmonary testing, electrocardiogram (EKG), computed tomography (CT), and pulmonary function testing (PFT), provide inconclusive results or misdiagnosis.

How is shortness of breath treated?

Treatment of dyspnea is determined by its cause. Once the cause of dyspnea is determined, patients can then be treated by the specialist most suitable for their particular condition. Treatment often includes medical therapies that can greatly reduce symptoms. In some cases, surgery may be used to treat underlying causes of dyspnea.