



Chronic breathlessness: re-thinking the symptom

To the Editor:

We agree with much presented by McNAUGHTON *et al.* [1] in their response to our proposed chronic breathlessness syndrome, and appreciate their supportive comments [2]. In particular, we agree that patients and their carers must be at the centre of the next steps, as we stated, “Importantly, the involvement of patients and family caregivers in the development of consensus can now be addressed given the frame which this initial work provides” [2].

However, they state concerns that delineation as a syndrome would cause “further medicalisation of breathlessness” and “drive people with breathlessness further underground”. We are unaware of any evidence to indicate that delineation of a syndrome will reduce patients’ ability or willingness to discuss this symptom with their clinicians. Rather, the converse appears to be the case. For example, we now have better recognition and management of delirium, sepsis and heart failure: all clinical syndromes of previously neglected clinical presentations. Clinical practice operates on a system of patterns and frameworks, and whilst we await the views of patients and carers with interest, we hope that designation as a clinical syndrome will encourage clinicians to initiate routine enquiry with their patients about whether they are living with chronic breathlessness and, if so, how it impacts on their lives, in order to provide evidence-based management. In clinical practice and research, patients living with chronic breathlessness welcome a symptom-targeted enquiry [3, 4]. It is difficult to see how, by encouraging clinicians to actively identify and respond to chronic breathlessness, this could drive the symptom “further underground”.

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Chronic breathlessness: designation as a clinical syndrome to encourage clinicians to ask patients routinely if they are living with this neglected and often invisible symptom and, if so, how it impacts on their lives <http://ow.ly/QqtY30iWKSb>

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