Interstitial Lung disease

- ILD (also known as Diffuse Parenchymal Lung Disease or Pulmonary Fibrosis) comprise a heterogeneous group of diseases affecting primarily the pulmonary interstitium and terminal airspaces, and includes the Idiopathic Interstitial Pneumonias (eg. Idiopathic Pulmonary Fibrosis) and diseases secondary to identifiable exposures (eg. Hypersensitivity Pneumonitis)
- Account for 15% of all chronic lung disease
- Usually present with dyspnoea and/or chronic cough

Information Required
- Symptom duration
- Smoking history
- Occupational/Environmental exposures including pets
- Medication/drug history
- Co-morbidities (particularly connective tissue disease and malignancy)
- Family history

Investigations Required
- Full blood count, Electrolytes, Ca, ESR
- RF, ANA, ANCA titres
- Avian precipitating serum antibodies (if bird contact)
- Urinalysis
- Spirometry
- SaO2
- Chest X-Ray
- HRCT chest
- ECG

Fax Referrals to
FMC Outpatient Clinic Fax: (08) 8204 6105 (Clinic B)
Noarlunga GP Plus Fax: (08) 8384 9711

Red Flags - requiring urgent review
- Rapid progression of symptoms
- Severe resting hypoxaemia
- Haemoptysis
- Renal impairment, microscopic haematuria
- Signs of cardiac failure

Suggested GP Management
- Smoking cessation (may be curative in some ILDs)
- Stop any potentially causative medications
- Avoid further known allergen contact
- Treat symptoms of gastrointestinal reflux
- Preferably withhold systemic steroid therapy (may confound definitive diagnosis)

Clinical Resources
- British Thoracic Society (in collaboration with the Thoracic Society of Australia and New Zealand)
- ILD Guideline
- NICE IPF Guideline
- Patient information sheets (IPF, HP, Sarcoidosis)