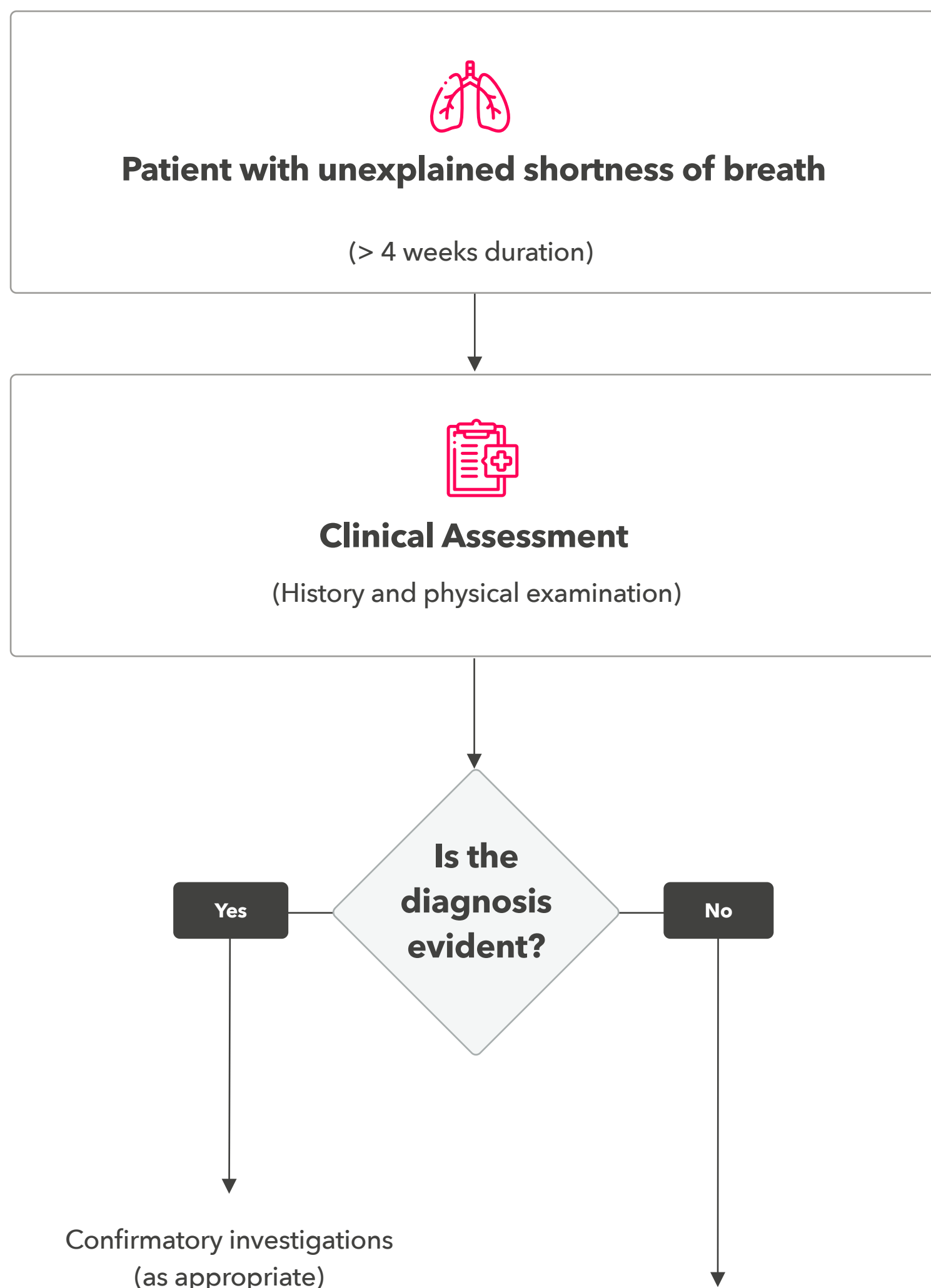


Diagnostic pathway for chronic unexplained shortness of breath

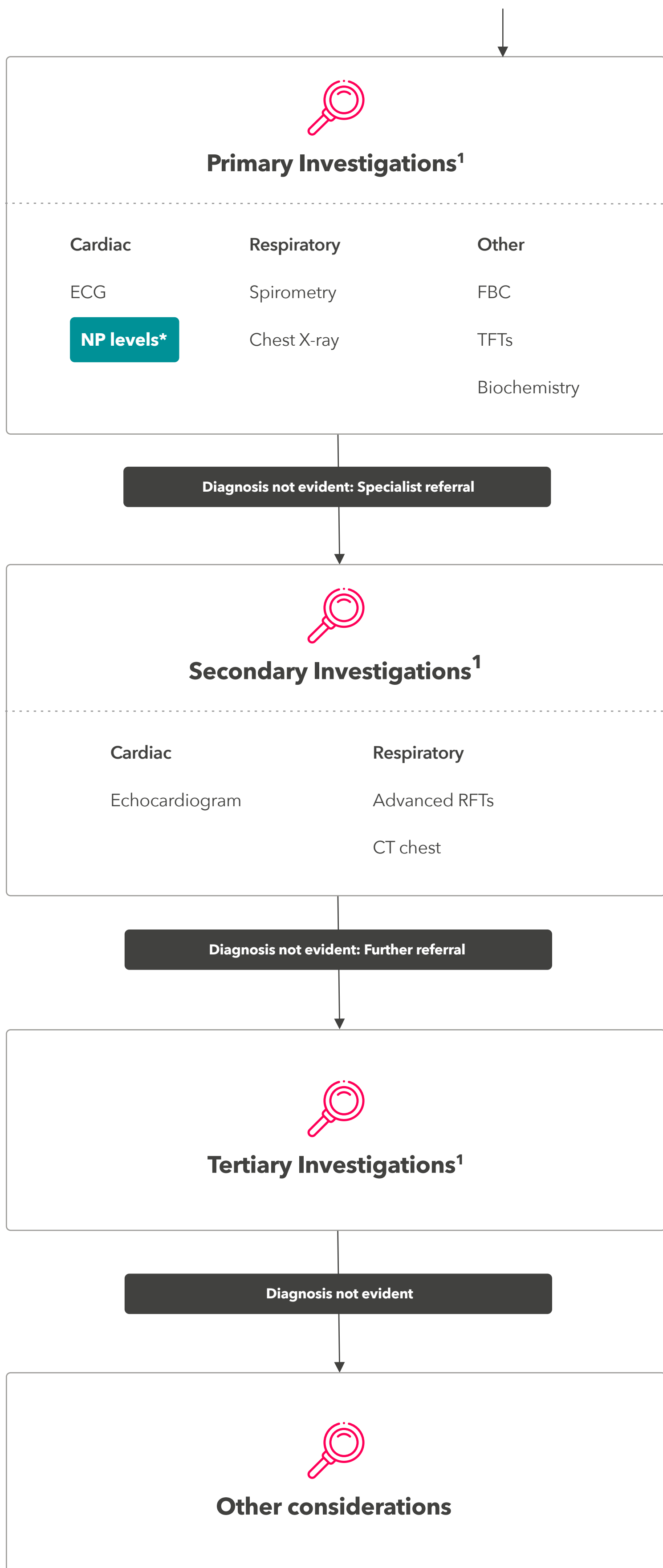
NT-proBNP testing in primary assessment

In studies of chronic unexplained shortness of breath, the addition of BNP testing has improved diagnostic accuracy and time to diagnosis for cardiomyopathy related disease¹.



This algorithm provides recommended primary, secondary and tertiary investigations in the diagnostic workup of patients with chronic unexplained shortness of breath with clinical judgement recommended at each step¹.

The best predictors of heart failure are clinical findings that reflect severe decompensated disease, whilst early clinical diagnosis is more challenging¹.



Natriuretic peptide testing is recommended in many heart failure guidelines as a first line test in the diagnosis of heart failure and has been reported as a less expensive and more accessible diagnostic test for heart failure than echocardiography¹.

After initial investigations, clinicians may consider further specialised investigations or referral to a specialist in tertiary care with a view to additional specialised testing¹.

Imaging: cardiac MRI, lung ventilation/perfusion (V/Q) scans, myocardial perfusion scans, stress echocardiogram or CT coronary angiography. More invasive testing: cardiac catheterisation for assessment of coronary artery disease or pulmonary pressures, muscle biopsy, bronchoscopy or surgical lung biopsy¹.

Consider:

- Further specialist consultation
- Obesity and/or deconditioning
- Trial re-conditioning exercise program for 3 months with re-evaluation at 6 months
- Psychogenic causes

Adapted from Ferry, et al. (2019).

References

*BNP and NT-proBNP biomarkers can be used BNP: B-type natriuretic peptide; CT: computed tomography; ECG: electrocardiogram; FBC: full blood count; NT-proBNP: N-terminal pro B-type natriuretic peptide; RFT: respiratory function test; TFT: thyroid function test.

1. Ferry OR, et al. J Thorac Dis 2019; 11: S2117-S2128.