

DYSPNEA: FROM THE SYSTEM OF VIEWS TO DIAGNOSIS

E. M. Khodosh

Abstract. The paper describes the issues of etiopathogenesis and diagnostics of dyspnea and respiratory failure. According to the American Thoracic Society, in the United States annually more than 17 million people visit doctors with the complaints of shortness of breath. Most of these patients have heart or lung disease. More than 15 million patients suffer from bronchial asthma and chronic obstructive pulmonary disease, and if to add the number of patients suffering from congestive heart failure, lung cancer, or lung metastases, the scale and clinical significance of the syndrome become asymptomatic. In other words, dyspnea is one of the leading reasons that causes the patient to seek medical attention, to call the ambulance and, in the most severe cases, to receive emergency care in a hospital. Thus, shortness of breath is a common symptom that affects up to 25 % of patients observed in outpatient and clinical settings. It may be caused by many different conditions, some of which are acute and can be life-threatening (eg, pulmonary embolism, acute myocardial infarction). *Rapid assessment and targeted diagnostic studies are of paramount importance. The presence of this symptom is already a predictor of increased mortality. This article allows the reader to get familiar with the most common causes of shortness of breath in adult patients, represent the main stages of diagnostic assessment of patients with dyspnea, and identify the main elements in differential diagnosis of non-traumatic breathlessness.*

Key words: dyspnea, respiratory failure, oxygen saturation, spirogram, oxygenation, clinical observation.

E. M. Khodosh

Candidate of medical sciences, associate professor of the department of phthiziology, pulmonology and family medicine KhMAPO; head 1-st pulmonological department of the KNP "GKB №13" HGS, Kharkiv, Ukraine;
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