Have You Considered ILD?
Rapid Referral Improves Outcomes!

Irish Lung Fibrosis Association
www.ilfa.ie

What Are ILDs and Why Are They Serious?

- **Interstitial Lung Diseases (ILDs) are a group of lung disorders with the potential to display a progressive fibrotic phenotype and be termed progressive pulmonary fibrosis (PPF). The most common type of ILD is Idiopathic Pulmonary Fibrosis (IPF).**
- **ILDs like IPF can cause irreversible lung damage, leading to early mortality.**
- **34% of patients experience a delay of >2 years between misdiagnosis and diagnosis of ILD (median delay 11 months).**

Prompt diagnosis enables timely access to care and improves patient outcomes

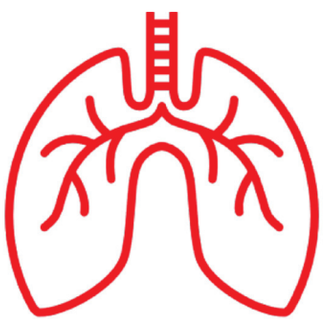
Learn more about ILD

Idiopathic Pulmonary Fibrosis (IPF) is the most common ILD but there are a number of ILDs where a proportion of patients will progress and meet the PPF definition including hypersensitivity pneumonitis, sarcoidosis, autoimmune ILDs and others.

Risk Factors	Common Signs and Symptoms
Male sex	Dyspnoea (breathlessness on exertion)
Age > 60 years	A persistent, non-productive (dry) cough
Family history	Finger clubbing
History of smoking	Bilateral inspiratory crackles
Environmental exposures	Change in appetite and weight
Infectious illnesses	Fatigue
Gastro-oesophageal reflux disease	

Presenting ILD symptoms (cough, dyspnoea, etc.) are often attributed to more common conditions like asthma and COPD, leading to diagnosis delays!

Listen to the lungs



Hear the sound!

Dry inspiratory crackles at the base of the lungs can be a key indicator of fibrotic ILD. They can typically be heard during middle to late inspiration, do not clear with a cough, and have a short duration.

This material was derived from "Recognising Interstitial Lung Disease and When to Refer…" September 2024. Thanks to Boehringer Ingelheim for providing funding and guidance.
*34% of lung transplants: https://publications.ersnet.org/content/errev/30/161/210017

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TIME IS CRITICAL!
What To Do If You Spot the Signs of ILD?

- **Dry inspiratory crackle on lung auscultation (sounds like VELCRO® being pulled apart) along with signs and symptoms listed earlier.**
- **Pulmonary function test/spirometry follows an ILD (restrictive spirometry) pattern.**
- **Patient history (CHEST) questionnaire indicates ILD.**

CHEST Questionaire:

NOTE: A chest X-Ray may not indicate ILD – patients with suspected fILD should have a CT Thorax. When referring to ILD centres it is important to include the suspicion of ILD and supporting evidence of the CT Thorax results.

Take Prompt Action! Refer to one of Ireland's ILD Specialist Centres

- Beaumont Hospital
- Mater Misericordiae University Hospital
- St James Hospital
- St Vincents University Hospital
- Tallaght University Hospital

Patients Want To Know

- **Diagnosis, Disease progression and what to expect:** While ILD is a serious diagnosis, information on prognosis can be misleading as disease progression varies widely. It's important for patients to understand there is hope.
- **Treatment Options:** Therapies (Nintedanib, Perfenidone, and supplemental oxygen are the most common) and treatments like pulmonary rehabilitation and palliative care are available. ILD centres can provide patients with a comprehensive and multi-disciplinary treatment plan.
- **Lung Transplant:** 34% of lung transplants worldwide are provided to ILD patients*. Transplant can be an option and should be discussed.
- **Where to get more information:** Patients should be made aware that the Irish Lung Fibrosis Association (ILFA) can help. ILFA provides information and supports to patients, helping to improve mental and physical wellbeing. They can contact ILFA by emailing info@ilfa.ie or via ILFA's website (ilfa.ie).

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