Rule Out ILD in RA Patients’ Lung Problems

By BRUCE JANCIN

KEYSTONE, Colo. — The top diagnostic priority when a lung disease is detected in a patient with underlying rheumatoid arthritis or other autoimmune or chronic inflammatory disease are to rule out infection and drug reactions.

“The first 50 things on my list are infection and drug-induced disease. Almost all the drugs used in treating autoimmune diseases have clearly been associated with the development of drug-induced lung disease, although some, more than others,” Dr. Kevin K. Brown observed at a meeting on allergy and respiratory diseases.

Excluding infection up front is a high priority because it’s the one type of in- stantaneous ILD (ILD) that’s readily treatable. Also, a missed pulmonary infection might go unnoticed as the patient is being treated to treat nearly all other forms of ILD entrap immunosuppression, which will make an infection worse, noted Dr. Brown, vice chairman of the depart- ment of medicine at National Jewish Health (NJH), and professor of medicine at the University of Colorado, Denver.

Lung problems are extremely com- mon in patients with autoimmune dis- eases. Chest abnormalities are present on high-resolution CT in 70%-90% of patients with systemic lupus erythematous, rheumatoid arthritis, sclero- derma, or other collagen vascular diseases, although the abnormalities often don’t show up on a chest x-ray. Even though many of these patients report having no respiratory complaints, a careful clinical examination and the right tests can indicate that these patients have made lifestyle changes because of exertional shortness of breath or other symp- toms.

“It used to be that patients with rheumatoid arthritis were not very ac- tive because they were afraid that they paid for it that night when their synov- its acted up. Now it’s a rare patient on allergy and respiratory diseases.

One of the biggest offenders in terms of prognosis is the extent of the lung disease on high-resolution CT and the degree to which spironolactone are preserved.

Dr. Brown and others use a diag- nostic algorithm in patients with au- toimmune diseases as a way to guide testing: Is there a new lung problem or does it show a change?”

If CT shows that not more than 10% of the lung is involved in disease, that’s classified as limited disease, with a prognosis similar to that of patients with the autoimmune disease without pulmonary involvement. If there’s more than 30% involvement, that’s categorized as extensive ILD, with a 3.5-fold greater mortality over the next 4-8 years than in patients with limited or no lung dis- ease.

For patients with intermediate in- volvement on CT, spironolactone serves as a triebreaker. A patient whose forced vi- tal capacity is at least 70% of predicted is classified as having limited disease, whereas an FVC less than 70% puts the patient in the extensive disease category.

ILD in the set- ting of underlying autoimmune dis- ease is generally considerably better than for idiopathic interstitial pneumoni- a. For this reason, Dr. Brown goes to considerable lengths to make certain that patients initially diagnosed with idio- pathic interstitial pneumonia don’t have an underlying pulmonary disease, if there’s more than 30% involvement, that’s categorized as extensive ILD, with a 3.5-fold greater mortality over the next 4-8 years than in patients with limited or no lung disease.

For patients with intermediate involvement on CT, spironolactone serves as a triebreaker. A patient whose forced vital capacity is at least 70% of predicted is classified as having limited disease, whereas an FVC less than 70% puts the patient in the extensive disease category.

Dr. Brown and others use a diag- nostic algorithm in patients with au- toimmune diseases as a way to guide testing: Is there a new lung problem or does it show a change?

If CT shows that not more than 10% of the lung is involved in disease, that’s classified as limited disease, with a prognosis similar to that of patients with the autoimmune disease without pulmonary involvement. If there’s more than 30% involvement, that’s categorized as extensive ILD, with a 3.5-fold greater mortality over the next 4-8 years than in patients with limited or no lung disease.

For patients with intermediate involvement on CT, spironolactone serves as a triebreaker. A patient whose forced vital capacity is at least 70% of predicted is classified as having limited disease, whereas an FVC less than 70% puts the patient in the extensive disease category.

Dr. Brown and others use a diag- nostic algorithm in patients with au- toimmune diseases as a way to guide testing: Is there a new lung problem or does it show a change?”

If CT shows that not more than 10% of the lung is involved in disease, that’s classified as limited disease, with a prognosis similar to that of patients with the autoimmune disease without pulmonary involvement. If there’s more than 30% involvement, that’s categorized as extensive ILD, with a 3.5-fold greater mortality over the next 4-8 years than in patients with limited or no lung disease.

For patients with intermediate involvement on CT, spironolactone serves as a triebreaker. A patient whose forced vital capacity is at least 70% of predicted is classified as having limited disease, whereas an FVC less than 70% puts the patient in the extensive disease category.

Dr. Brown and others use a diag- nostic algorithm in patients with au- toimmune diseases as a way to guide testing: Is there a new lung problem or does it show a change?”

If CT shows that not more than 10% of the lung is involved in disease, that’s classified as limited disease, with a prognosis similar to that of patients with the autoimmune disease without pulmonary involvement. If there’s more than 30% involvement, that’s categorized as extensive ILD, with a 3.5-fold greater mortality over the next 4-8 years than in patients with limited or no lung disease.

For patients with intermediate involvement on CT, spironolactone serves as a triebreaker. A patient whose forced vital capacity is at least 70% of predicted is classified as having limited disease, whereas an FVC less than 70% puts the patient in the extensive disease category.

Dr. Brown and others use a diag- nostic algorithm in patients with au- toimmune diseases as a way to guide testing: Is there a new lung problem or does it show a change?”

If CT shows that not more than 10% of the lung is involved in disease, that’s classified as limited disease, with a prognosis similar to that of patients with the autoimmune disease without pulmonary involvement. If there’s more than 30% involvement, that’s categorized as extensive ILD, with a 3.5-fold greater mortality over the next 4-8 years than in patients with limited or no lung disease.

For patients with intermediate involvement on CT, spironolactone serves as a triebreaker. A patient whose forced vital capacity is at least 70% of predicted is classified as having limited disease, whereas an FVC less than 70% puts the patient in the extensive disease category.

Dr. Brown and others use a diag- nostic algorithm in patients with au- toimmune diseases as a way to guide testing: Is there a new lung problem or does it show a change?”

If CT shows that not more than 10% of the lung is involved in disease, that’s classified as limited disease, with a prognosis similar to that of patients with the autoimmune disease without pulmonary involvement. If there’s more than 30% involvement, that’s categorized as extensive ILD, with a 3.5-fold greater mortality over the next 4-8 years than in patients with limited or no lung disease.

For patients with intermediate involvement on CT, spironolactone serves as a triebreaker. A patient whose forced vital capacity is at least 70% of predicted is classified as having limited disease, whereas an FVC less than 70% puts the patient in the extensive disease category.

Dr. Brown and others use a diag- nostic algorithm in patients with au- toimmune diseases as a way to guide testing: Is there a new lung problem or does it show a change?”

If CT shows that not more than 10% of the lung is involved in disease, that’s classified as limited disease, with a prognosis similar to that of patients with the autoimmune disease without pulmonary involvement. If there’s more than 30% involvement, that’s categorized as extensive ILD, with a 3.5-fold greater mortality over the next 4-8 years than in patients with limited or no lung disease.

For patients with intermediate involvement on CT, spironolactone serves as a triebreaker. A patient whose forced vital capacity is at least 70% of predicted is classified as having limited disease, whereas an FVC less than 70% puts the patient in the extensive disease category.

Dr. Brown and others use a diag- nostic algorithm in patients with au- toimmune diseases as a way to guide testing: Is there a new lung problem or does it show a change?”

If CT shows that not more than 10% of the lung is involved in disease, that’s classified as limited disease, with a prognosis similar to that of patients with the autoimmune disease without pulmonary involvement. If there’s more than 30% involvement, that’s categorized as extensive ILD, with a 3.5-fold greater mortality over the next 4-8 years than in patients with limited or no lung disease.

For patients with intermediate involvement on CT, spironolactone serves as a triebreaker. A patient whose forced vital capacity is at least 70% of predicted is classified as having limited disease, whereas an FVC less than 70% puts the patient in the extensive disease category.

Dr. Brown and others use a diag- nostic algorithm in patients with au- toimmune diseases as a way to guide testing: Is there a new lung problem or does it show a change?”

If CT shows that not more than 10% of the lung is involved in disease, that’s classified as limited disease, with a prognosis similar to that of patients with the autoimmune disease without pulmonary involvement. If there’s more than 30% involvement, that’s categorized as extensive ILD, with a 3.5-fold greater mortality over the next 4-8 years than in patients with limited or no lung disease.

For patients with intermediate involvement on CT, spironolactone serves as a triebreaker. A patient whose forced vital capacity is at least 70% of predicted is classified as having limited disease, whereas an FVC less than 70% puts the patient in the extensive disease category.