Interstitial lung disease (ILD) is the presence of fibrosis and/or inflammation of the lung parenchyma not due to infection or malignancy.1

**STEP 1: RECOGNIZE ILD**

**TYPICAL PRESENTATION**
- Subacute or chronic cough
- Exertional dyspnea (breathlessness)

**While performing an H&P:**
- Listen carefully for crackles
- Look for evidence of autoimmune disease on the skin and joints
- Walk your patient informally in the hallway to assess for desaturation (>3% drop)

**Order initial testing based on your H&P. Consider:**
- Spirometry (normal or low FVC often with a normal FEV1/FVC ratio in ILD)
- Lung Volumes (normal or low TLC)
- DLCO (frequently reduced in ILD)
- Chest x-ray (unexplained, persistent markings)

**If you suspect ILD, perform a high resolution CT scan of the chest. HRCT includes the following:**
- Inspiratory and expiratory supine imaging
- High-spatial frequency algorithm reconstruction at 0.625 to 2.5mm thickness
- No IV contrast required
- Consider prone imaging when mild dependent ground-glass attenuation is present

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**MANAGEMENT CHECKLIST**

- Recommend smoking cessation
- Advise patients to purchase a pulse oximeter to monitor oxygen levels immediately after activity: stairs, hills, level ground, exercise, showering
- Prescribe different oxygen prescriptions at rest, with routine activities, with exercise, and with sleep to maintain oxygen levels over 90% 24 hours per day
- Consider nocturnal oximetry or polysomnography
- Prescribe pulmonary rehabilitation
- Advise patients to achieve a healthy weight
- Administer influenza and pneumococcal vaccination
- Tell your patients about reliable resources like the Pulmonary Fibrosis Foundation (PFF). They can visit pulmonaryfibrosis.org or call 844.TalkPFF (844.825.5733) or pcc@pulmonaryfibrosis.org, or visit the PFF online at pulmonaryfibrosis.org.

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**SUPPORT FOR YOU FROM THE PULMONARY FIBROSIS FOUNDATION**

The Pulmonary Fibrosis Foundation mobilizes people and resources to provide access to high quality care and leads research for a cure so people with pulmonary fibrosis will live longer, healthier lives.

To learn more about how the PFF can help support you, contact the PFF Patient Communication Center at 844.TalkPFF (844.825.5733) or pcc@pulmonaryfibrosis.org, or visit the PFF online at pulmonaryfibrosis.org.

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**Step 2A: Perform a detailed history and physical**

- Chronic Hypersensitivity
- Drug/Radiation-induced ILD
- Connective Tissue Disease
- Pneumonitis
- Familial ILD

**Step 2B: Order relevant blood tests**

- Eosinophilic pneumonia
- Sarcoidosis
- Scleroderma/MCTD
- Rheumatoid Arthritis
- Sjogren’s syndrome
- Incidental inflammatory myositis
- Vasculitis
- Chronic Hypersensitivity
- Pneumonitis

**Step 2C: Consider surgical lung biopsy**

Involve a multidisciplinary team at an ILD center to determine whether a surgical lung biopsy is required. If a biopsy is performed, ask the surgeon to take multiple appropriately sized biopsies from 2-3 lobes (not just the lingula or middle lobe). Biopsy unaffected and mild-to-moderately affected areas. Do not biopsy only the most severely affected area. Have the biopsy reviewed by a pulmonary pathologist with expertise in ILD.

**STRONG RECOMMENDATION:** Long-term oxygen therapy

**CONDITIONAL RECOMMENDATION:** Pulmonary rehabilitation

**CONDITIONAL RECOMMENDATION:** Corticosteroids during an "acute exacerbation"