Pulmonary fibrosis (PF) refers to all of the fibrotic interstitial lung diseases (ILD), including idiopathic pulmonary fibrosis, chronic hypersensitivity pneumonitis, pulmonary sarcoidosis, autoimmune-related ILDs, and others. People living with PF frequently experience reduced exercise capacity, breathlessness on exertion, cough and fatigue that limits daily activities.

Respiratory therapists and physical therapists are key members of the multidisciplinary team that cares for people with PF across the course of the disease, and may provide a number of interventions to manage symptoms, enhance functional exercise capacity and improve wellbeing. This brochure outlines some treatment strategies that may be considered for people with PF.

Resources
Adventures of an Oxy-Phile2, Thomas L. Petty, MD

SUPPORT FOR YOU FROM THE PULMONARY FIBROSIS FOUNDATION
The mission of the Pulmonary Fibrosis Foundation is to accelerate the development of new treatments and ultimately a cure for pulmonary fibrosis. Until this goal is achieved, the PFF is committed to advancing improved care of patients with PF and providing unequalled support and education resources for patients, caregivers, family members, and health care providers.

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

Being physically active is associated with better health outcomes in PF. People with PF should be encouraged to increase or maintain their physical activity levels, consistent with general population guidelines of 30 minutes of physical activity on most days of the week, at a moderate intensity equivalent to a Borg dyspnea score of 3-4 on a 1-10 scale. Physical activity can be accumulated in shorter bouts of 10 minutes at a time if needed.

OXYGEN

Many patients with pulmonary fibrosis require long term oxygen therapy and should be encouraged to use their oxygen therapy as prescribed with rest, during exercise, sleep and any changes in altitude. Patients using oxygen may require higher flow rates during exercise. Many patients with PF exhibit profound exertional desaturation. If the patient has been prescribed portable oxygen only, they should be educated on its use during exercise, rather than just during recovery. Selection of the appropriate device for ambulatory oxygen is critical, taking into account the patient’s oxygen requirements, mobility, their environment and ability to manage the device independently.

MANAGING SYMPTOMS - DYSPNEA, FATIGUE, PAIN, COUGH

Many people with PF achieve improvements in dyspnea and fatigue with pulmonary rehabilitation. Pacing and energy conservation strategies can be useful as patients may need to slow down and take rests, to maintain physical activity levels and participate in activities of daily living without intolerable dyspnea or fatigue. Pulmonary fibrosis is often characterised by a distressing, dry cough that is difficult to control and significantly impacts quality of life. At present there are few evidence-based strategies to reduce cough in PF, but there are several agents being investigated in clinical trials (PFF Clinical Trial Finder). Traditional chest physical therapy techniques are not generally effective. Some patients report benefit from remedies such as cough lozenges (especially those containing an anaesthetic agent), sipping water or breathing strategies such as pursed lip breathing. Please discuss with the physician regarding whether prescription of cough suppressants is indicated.

MANAGING COMORBIDITIES

Musculoskeletal pain is common and may interfere with daily life activities and exercise participation. Appropriate assessment and treatment from a skilled musculoskeletal physical therapist should be considered. Depression and anxiety are also very common and patients should be referred for appropriate management.