

European Respiratory Society Annual Congress 2012

Abstract Number: 3753

Publication Number: P2006

Abstract Group: 2.1. Acute Critical Care

Keyword 1: Interstitial lung disease **Keyword 2:** Quality of life **Keyword 3:** Ventilation/NIV

Title: BiPAP in advanced IPF: Hope for palliation?

Dr. Arvind 21950 Kate arvindkate79@yahoo.co.in MD ¹, Dr. H.S. 21949 Sandeep drsandeephs@gmail.com MD ¹, Dr. Parag 27513 Chaudhari paragc13@gmail.com MD ¹, Dr. Chandrashekhar 900013 Tulasigeri chandrashekhar@fortishealthcare.com MD ² and Dr. Prashant 21948 Chhajed pchhajed@gmail.com MD ¹. ¹ Pulmonology, Fortis-Hiranandani Hospital, Vashi, Navi Mumbai, Maharashtra, India, 400703 and ² Critical care, Fortis-Hiranandani Hospital, Vashi, Navi Mumbai, Maharashtra, India, 400703 .

Body: Introduction: IPF poses challenges in patient management due to limited treatment options particularly in countries without option of lung transplantation. BiPAP was offered to patients admitted with acute exacerbation of IPF/ worsening of disease as a final non invasive supportive measure. We report 7 such patients of advanced IPF who were administered home BiPAP. Aim: To assess role of BiPAP on quality of life in patients with end stage ILD on optimal medical management visiting ILD clinic in NaviMumbai, India. Methods: 7 patients with advanced IPF on home O2 therapy & optimal medical management were included. Pharmacotherapy included pirfenidone (1 did not tolerate), NAC, PPI and prednisolone. BiPAP was administered as final non invasive supportive therapy under supervision in hospital setting. Upon discharge BiPAP continued on trial basis for 2-4 weeks. On subjective benefit in dyspnoea, sleep quality and feeling of well being patients opted to continue use of BiPAP on regular basis. Objective assessment like PFT, DLCO, 6MWT were not done or patients were too sick to perform test. Results: Mean duration of BiPAP therapy was 8.5 months (range 1-18 months). 7 patients reported improvement in quality of sleep and decrease in severity of breathlessness. 4 patients reported decrease in cough. 1 patient died. All patients had subjective symptomatic improvement. Conclusion: In these limited number of patients, definite subjective improvement in symptoms and well being was reported by the patients. These information provide stimulus for prospective assessment of role of home BiPAP in home setting targeting symptom benefit & impact on quality of life.