2.12 Evaluating Patients Admitted with an Exacerbation of Idiopathic Pulmonary Fibrosis (IPF)

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ZPF is a chronic progressive lung disease with high associated mortality and 20% annual incidence of exacerbations[1]. Patients with IPF are also at increased risk of venous thromboembolism (VTE)[2]. The aim of this study is to review diagnostic approaches in patients admitted with an exacerbation of IPF.A database of patients with IPF was screened for admissions to a single centre from January 2018 to December 2019. Data was collected from health records including demographics, d-dimer, computed tomography and pulmonary function testing.

Overall, 16% of IPF patients were admitted with a mean length of stay of 12.2 days. Median age at exacerbation was 80.2 years. Only 5% had d-dimers measured. Thirty-one percent of patients were evaluated with CT. Of these, 1/3 underwent CTPA with negative studies. Patients who were admitted with an exacerbation had lower forced vital capacity than those who were not admitted (65.4% vs 76% predicted). Patients admitted with an exacerbation had higher mortality at 2 years than those not admitted (81% vs 30%).

A small cohort of IPF patients required admission with an exacerbation resulting in high mortality. Amongst these, few were evaluated for VTE. Factors influencing this should be further evaluated.

References:

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