

# IS IT IPF? NOT ALL BREATHLESSNESS IS COPD, ASTHMA, OR CHF.<sup>1</sup>

C.H.E.C.K. FOR IPF TODAY<sup>2-5</sup>

**C** **CRACKLES** that are bibasilar and heard on inspiration

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**H** **HACKING** cough that is nonproductive and lasts over 8 weeks

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**E** **EXERTION** causes shortness of breath, even with mild activity

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**C** **CLUBBING** of the fingertips (in 25-50% of patients), making them appear rounded  
**CHEST X-RAY** can identify lung abnormalities

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**K** **KNOW** your patient's lung function: a restrictive PFT pattern is characteristic of IPF



**REFER PATIENTS TO A HEALTH CARE PROVIDER WHO SPECIALIZES IN INTERSTITIAL LUNG DISEASE IF IPF IS SUSPECTED**

COPD, chronic obstructive pulmonary disease; CHF, congestive heart failure; IPF, idiopathic pulmonary fibrosis; PFT, pulmonary function test.



# EARLY DIAGNOSIS IS CRITICAL TO HELP PATIENTS ACCESS APPROPRIATE TREATMENT<sup>6,7</sup>

IPF IS A RARE, DEBILITATING, AND FATAL LUNG DISEASE<sup>2,8</sup>

IPF HAS NO KNOWN CAUSE<sup>2</sup>



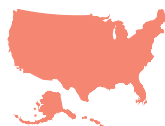
## KEY FACTS ABOUT IPF



IPF RESULTS IN PROGRESSIVE LOSS OF LUNG FUNCTION<sup>9</sup>

**3-5 YEARS**

AVERAGE LIFESPAN IS ONLY 3-5 YEARS AFTER DIAGNOSIS<sup>10</sup>



UP TO 132,000 PEOPLE IN THE US HAVE IPF, AND IPF CLAIMS 40,000 US LIVES EVERY YEAR<sup>11-13</sup>



ABOUT 50,000 NEW US PATIENTS ARE DIAGNOSED WITH IPF EVERY YEAR, AND IT MAY TAKE 1-2 YEARS TO REACH AN IPF DIAGNOSIS<sup>4,11,12,14,15</sup>



IPF IS MORE COMMON IN MEN THAN WOMEN, AND IN PEOPLE AGED 55 AND OLDER<sup>2,16</sup>

## FOR MORE INFORMATION ABOUT IPF, YOU CAN VISIT:

[www.insightsonILD.com/pfforthhcp](http://www.insightsonILD.com/pfforthhcp)

Education and resources for healthcare professionals

[www.breathlessIPF.com](http://www.breathlessIPF.com)

IPF awareness and advocacy

[www.lungsandyou.com](http://www.lungsandyou.com)

For patients and caregivers

**REFERENCES:** **1.** Mason et al. Murray and Nadel's Textbook of Respiratory Medicine. Philadelphia, PA: Saunders Elsevier; 2010. **2.** Raghu G et al; on behalf of the ATS, ERS, JRS, and ALAT. *Am J Respir Crit Care Med.* 2011;183(6):788-824. **3.** National Institutes of Health, National Heart, Lung, and Blood Institute. <http://www.nhlbi.nih.gov/health/health-topics/topics/ipf/signs>. Accessed February 16, 2017. **4.** Ryu JH et al. *Mayo Clin Proc.* 2007;82(8):976-986. **5.** Godfrey AMK et al. Idiopathic pulmonary fibrosis: practice essentials. Medscape. <http://emedicine.medscape.com/article/301226-overview>. Accessed February 16, 2017. **6.** Spagnolo P et al. *Multidiscip Respir Med.* 2012;7(1):42. **7.** Valeyre D. *Eur Respir Rev.* 2011;20(120):108-113. **8.** Adamali HI et al. *Curr Respir Care Rep.* 2012;1:208-215. **9.** Ley B et al. *Am J Respir Crit Care Med.* 2011;183(4):431-440. **10.** United States Food and Drug Administration. The Voice of the Patient: Idiopathic Pulmonary Fibrosis. March 2015. **11.** Raghu G et al. *Am J Respir Crit Care Med.* 2006;174(7):810-816. **12.** US Census Bureau, Population Division. December 2011. **13.** National Institutes of Health. ARRA Impact Report: Functional Genomics of Lung Diseases. 2010. **14.** Meltzer EB, Noble PW. *Orphanet J Rare Dis.* 2008;3:8. **15.** Cordier JF, Cottin V. *Eur Respir J.* 2013;42(4):916-923. **16.** Coultas DB et al. *Am J Respir Crit Care Med.* 1994;150(4):967-972.