**GP Curriculum Topic Guide Summary – Respiratory Medicine**

**The Role of the GP in Respiratory Health**

Respiratory diseases are among the most common long-term conditions affecting patients in the UK. As a GP, your role is to:

* Recognise that the identification, assessment, diagnosis and treatment of most acute and chronic respiratory diseases are a primary care issue
* Consider how respiratory disease affects patients of all ages. It also brings specific challenges in the diagnosis and treatment of various groups including children, some occupational and ethnic groups, those with social and mental health challenges, and those nearing the end of their life
* Be aware of your role as a GP in promoting smoking cessation and offering treatment

**For each problem or disease, consider the following areas within the general context of primary care:**

* The natural history of the untreated condition including whether acute or chronic
* The prevalence and incidence across all ages and any changes over time
* Typical and atypical presentations
* Recognition of normal variations throughout life
* Risk factors, including lifestyle, socio-economic and cultural factors
* Diagnostic features and differential diagnosis
* Recognition of 'alarm' or 'red flag' features
* Appropriate and relevant investigations
* Interpretation of test results
* Management including self-care, initial, emergency and continuing care, chronic disease monitoring
* Patient information and education including self-care
* Prognosis

**Common and important conditions**

* Asthma: acute and chronic in children and adults
* Asthma-COPD overlap
* Bronchiectasis
* Chronic obstructive pulmonary disease
* Connective tissue diseases affecting the lung, such as rheumatoid arthritis, SLE and sarcoidosis
* Cough including haemoptysis, and non-respiratory causes such as GORD
* Cystic fibrosis
* Emphysema including α1-antitrypsin deficiency
* Immunosuppression affecting the respiratory system including opportunistic infections such as TB, fungal and parasitic Lower respiratory tract infections (for example, bronchiolitis, bronchitis, pertussis and pneumonia (of any cause), atypical pneumonias including Legionnaire's disease and tuberculosis), sepsis
* Lower respiratory tract infections
* Lung fibrosis and associated causes including adverse drug reactions
* Occupational respiratory diseases such as the pneumoconioses, asthma, extrinsic allergic alveolitis and asbestos related disease
* Pleural effusion causes including infection, connective tissue diseases and malignancies
* Pneumothorax including simple and tension
* Pulmonary embolism
* Respiratory failure and methods of ventilation such as CPAP for sleep apnoea
* Respiratory malignancies, including laryngeal, bronchial and pleural such as mesothelioma. Primary and secondary lung malignancies, and related para-neoplastic syndromes
* Stridor and hoarseness: differential diagnosis including assessment of urgency for investigation and management
* Upper respiratory tract infections including tonsillitis, peri-tonsillar abscess, epiglottitis, laryngitis, pharyngitis and tracheitis

**Symptoms and signs of Respiratory Disease**

* Chest pain
* Clubbing
* Collapse
* Cough, acute and chronic
* Cyanosis
* Dyspnoea: acute and chronic
* Fever
* General malaise including weight loss and fatigue
* Haemoptysis
* Lymphadenopathy
* Pleural effusion
* Signs of respiratory distress in children (for example, recession, nasal flaring)
* Stridor and hoarseness
* Tachypnoea
* Wheeze

### Examinations and procedures

* Appropriate focused clinical examination to identify respiratory disease (for example, clubbing, lymphadenopathy, significance of measuring respiratory rate, chest exam, signs of sepsis)
* Specific procedures, such as peak expiratory flow rate measurement
* Demonstrate the correct use of a dry powdered and metered dose inhaler and check that a patient can use their device properly
* Administration of inhaled bronchodilators with spacer or nebuliser, including correct techniques

**Investigations**

* Primary care investigations such as peak expiratory flow rates, spirometry, exhaled nitric oxide testing (FeNO), pulse oximetry, blood tests and sputum culture (including indications for, correct technique, interpretation of results, and factors affecting results)
* Disease scoring tools (for example, CURB for community acquired pneumonia)
* Indications for chest-x-rays, CT and MRI scans, and bronchoscopy

**Service issues**

* Local and national guidelines to manage common respiratory diseases (asthma, COPD, lung cancer) in primary care
* Indications for the use of oxygen in emergency, acute and chronic management including domiciliary oxygen and use in palliative care
* Patients’ understanding of prescribed inhaled medication, both routinely and in an emergency, including its appropriate use and technique
* Inhaler devices, including types of devices and their ease of use, prescribing, cost-effectiveness and patient's preference
* Support available to patients and their carers from health, social services and charities/voluntary sector organisations

**Emerging Issues in Respiratory Health**

A wide range of patients with respiratory problems are seen in primary care, which presents challenges for:

* Diagnosis: such as distinguishing common minor self-limiting conditions from less common but more serious conditions (for example, sepsis). Early diagnosis is a contributory factor to improving outcomes in conditions such as lung cancer. Awareness of the pros and cons of emerging diagnostic tools such as fractional exhaled nitric oxide (FeNO) in asthma.
* Recognition: conditions such as chronic obstructive airways disease are under-recognised and contribute significantly to seasonal admissions to secondary care
* Patient education: self-management of minor conditions and increasing treatment during exacerbations of chronic conditions such as asthma and chronic obstructive airways disease. The applicability of patient centred models of care such as the House of Care model and care planning
* Chronic disease management: such as managing recall systems for asthma and chronic obstructive airways disease, the effect on acute admissions and influenza vaccination
* Smoking cessation: the value of opportunistic and structured interventions in helping patients stopping smoking and the evolving role of e-cigarettes/vaping in addition to current therapies. Ongoing research into the safety of e-cigarettes and their use for smoking cessation is underway. As a GP you should be aware of the latest evidence and guidance on e-cigarettes, and smoking cessation more generally, and use your clinical judgement on an individual patient basis