Dynamics in Diagnoses and Pharmacotherapy Before and After Diagnosing Idiopathic Pulmonary Fibrosis

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BACKGROUND

Idiopathic pulmonary fibrosis (IPF) is an interstitial lung disease (ILD). The IPF diagnosis is typically delayed due to non-specific symptoms, but also to treatment attempts on false indication or treatment targeted common comorbidities. This study aimed to assess the dynamics in the medication and diagnosis patterns in the period following an IPF diagnosis.

METHODS

- ✓ Nationwide cohort study
- ✓ Using Danish health registers to describe
  - Diagnoses (ICD-10)
  - Drug use (ATC)

2002 — Study period — 2017

STUDY POPULATION

- ✓ Cases with an ICD-10 code "J84.1A"
- ✓ Cases ≥3 years look-back period

RESULTS

650 IPF cases identified

70.3% were males

73 years median age

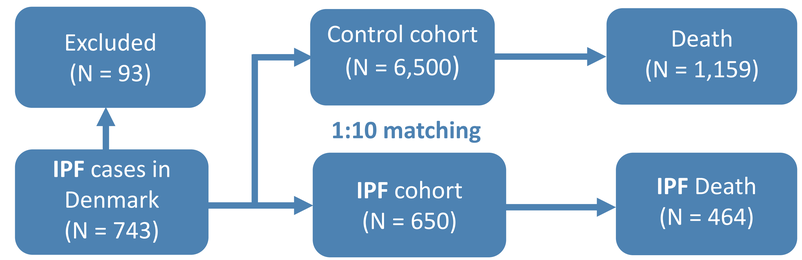
Most prevalent diagnoses prior to an IPF diagnosis:
- Dyspnea (14.0%)
- Pneumonia (13.2%)
- Non-IPF ILD (8.6%)

IPF patients had increased use of following drugs six months preceding their IPF diagnosis compared to controls:
- Penicillin (9.7%)
- Glucocorticoids (8.6%)
- Mucolytics (6.5%)

CONCLUSION

An increased drug use for diagnoses with symptoms overlapping those of IPF was observed, particularly in a six months period prior to an IPF diagnosis. This emphasizes the need for an increased awareness of IPF, especially in patients with insufficient effect of otherwise initiated treatment.

FLOW CHART



Average number of defined daily doses of selected drug categories used within three-month periods before and after the diagnosis date for IPF and before and after the index date for their matched controls.