

Idiopathic Pulmonary Fibrosis (IPF)

AN UNPREDICTABLE JOURNEY

IPF is an irreversible, unpredictable, fatal lung disease resulting from tissue scarring (fibrosis). Its causes are unknown, and no one can predict who will develop it. No two patients progress through the disease in precisely the same way. It is not possible to predict if a patient will progress slowly or rapidly, or when that rate of decline may change.¹⁻³

Here, we follow Eugene's journey with IPF.



Eugene, 65, enjoys a range of activities, including golfing 18 holes once a week.



Fatigue and labored breathing emerge. Now, Eugene has trouble finishing even 9 holes of golf.⁴



Eugene's blood becomes oxygen depleted (hypoxemic). Even light activities such as gardening now feel exhausting.⁴



Eugene's symptoms have become so severe that even simple activities, like getting the mail, are a struggle.³



Although scarring is already accumulating in his lung tissues, Eugene feels basically fine.²



After unsuccessfully treating him for what he thought was COPD, Eugene's doctor refers him to a pulmonologist. Based on lung function tests, CT scans, and symptoms such as dry cough, the specialist concludes he has IPF.³



CT scans of Eugene's lungs show a "honeycomb" pattern, a hallmark of IPF. Although Eugene remains fairly active, the pulmonologist understands the urgency of taking action to slow disease progression.³



Eugene is mostly stable, but twice has had emergencies marked by uncontrollable coughing and a sense of suffocation. After each episode passes, Eugene never feels quite the same.³



Eugene's pulmonologist prescribes supplemental oxygen and encourages him to enroll in a pulmonary rehabilitation program.³



His lung-function tests suggest a significant worsening of the disease.³



Eugene continues oxygen-assisted rehabilitation and has his eligibility evaluated for a lung transplant, a consideration for some IPF patients.^{1,3}