

Respiratory management



Dutch approach

Disclosure

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Dutch approach

- Remarks on international guideline
- Organization of Home Mechanical Ventilation

Ambulatory stage	Early non-ambulatory stage	Late non-ambulatory stage
Assessments		
Once yearly: FVC	Twice yearly: FVC, MIP/MEP, PCF, SpO ₂ , p _{et} CO ₂ /p _{tc} CO ₂	
Sleep study* with capnography for signs and symptoms of obstructive sleep apnoea or sleep-disordered breathing		
Interventions		
Immunisation with pneumococcal vaccines and yearly inactivated influenza vaccine		
	Lung volume recruitment when FVC ≤60% predicted	
	Assisted coughing when FVC <50% predicted, PCF <270 L/min, or MEP <60 cm H ₂ O†	
	Nocturnal assisted ventilation with back-up rate of breathing (non-invasive preferred) when there are signs or symptoms of sleep hypoventilation or other sleep-disordered breathing,‡ abnormal sleep study,‡ FVC <50% predicted, MIP <60 cm H ₂ O, or awake baseline SpO ₂ <95% or pCO ₂ >45 mm Hg	
	Addition of assisted daytime ventilation when, despite nocturnal ventilation,§ daytime SpO ₂ <95%, pCO ₂ >45 mm Hg, or symptoms of awake dyspnoea are present	

Ambulatory stage

Early non-ambulatory stage

Late non-ambulatory stage

Assessments

Once yearly: FVC

Twice yearly: FVC, MIP/MEP, PCF, SpO₂, p_{et}CO₂/p_{tc}CO₂

Remarks

Frequency : once yearly

PFT : FVC (sitting), PCF,

* *MIP/MEP/SNIP/P_{et}CO₂/P_{tc}CO₂*



Ambulatory stage

Early non-ambulatory stage

Late non-ambulatory stage

Sleep study* with capnography for signs and symptoms of obstructive sleep apnoea or sleep-disordered breathing

Remarks “sleep study”

- Signs/symptoms hypoventilation → capnography
- OSA → poly(somno)graphy
 - weight gain due to steroids
- Alternative to PFT



Ambulatory stage

Early non-ambulatory stage

Late non-ambulatory stage

Lung volume recruitment when FVC \leq 60% predicted

Assisted coughing when FVC < 50% predicted,
PCF < 270 L/min, or MEP < 60 cm H₂O†

Remarks : Airstacking

Kids : PCF < 270 L/min (age 12-14) or MEP < 60 cm H₂O

Adults : PCF < 270 L/min or FVC < 50% pred. or VC < 1,5 L

Coughing machine : PCF < 160 L/min if other technique fails

Dutch guideline: children/adults



Remarks : referral to HMV center

Nocturnal assisted ventilation with back-up rate of breathing (non-invasive preferred) when there are signs or symptoms of sleep hypoventilation or other sleep-disordered breathing, ‡ abnormal sleep study,* FVC <50% predicted, MIP <60 cm H₂O, or awake baseline SpO₂ <95% or pCO₂ >45 mm Hg

PCO₂ > 6.0 kPa (45 mmHg) or Bic. > 30 mmol/l

VC < 50% pred. or PCF <300 liter/min *or*

Frequent pulmonary infections *or*

Symptom /signs nocturnal hypoventilation *or*

Increased work of breathing



Ambulatory stage

Early non-ambulatory stage

Late non-ambulatory stage

Nocturnal assisted ventilation with back-up rate of breathing (non-invasive preferred) when there are signs or symptoms of sleep hypoventilation or other sleep-disordered breathing,[‡] abnormal sleep study,^{*} FVC <50% predicted, MIP <60 cm H₂O, or awake baseline SpO₂ <95% or pCO₂ >45 mm Hg

Preventive NIPPV did not improve respiratory handicap and reduced survival of DMD patients. Use of NIPPV for preventive purposes should be avoided in patients with FVC between 20 and 50% of predicted values.

Raphael Lancet 1994 ;343:160



Ambulatory stage

Early non-ambulatory stage

Late non-ambulatory stage

Nocturnal assisted ventilation with back-up rate of breathing (non-invasive preferred) when there are signs or symptoms of sleep hypoventilation or other sleep-disordered breathing, ‡ abnormal sleep study,* FVC <50% predicted, MIP <60 cm H₂O, or awake baseline SpO₂ <95% or pCO₂ >45 mm Hg

Remarks Initiation of HMV (children)

Signs/symptoms **and /or**

PCO₂ > 50 mmHg (6.7 kPa) daytime / nocturnally

PCO₂ > 45 mmHg (6.0 kPa), *With symptoms*



Ambulatory stage

Early non-ambulatory stage

Late non-ambulatory stage

Nocturnal assisted ventilation with back-up rate of breathing (non-invasive preferred) when there are signs or symptoms of sleep hypoventilation or other sleep-disordered breathing, ‡ abnormal sleep study,* FVC <50% predicted, MIP <60 cm H₂O, or awake baseline SpO₂ <95% or pCO₂ >45 mm Hg

Remarks : initiation of HMV (adults) !!

PCO₂ > 6.0 kPa (45 mmHg) with complaints

PCO₂ > 7.0 kPa (53 mmHg) without complaints

Ambulatory stage

Early non-ambulatory stage

Late non-ambulatory stage

Nocturnal assisted ventilation with back-up rate of breathing (non-invasive preferred) when there are signs or symptoms of sleep hypoventilation or other sleep-disordered breathing, ‡ abnormal sleep study,* FVC <50% predicted, MIP <60 cm H₂O, or awake baseline SpO₂ <95% or pCO₂ >45 mm Hg

Patients with neuromuscular disease with **nocturnal hypoventilation** are likely to deteriorate with the development of daytime hypercapnia and/or progressive symptoms within 2 years **may benefit from the introduction of nocturnal NIV before daytime hypercapnia ensues.**

Ward Thorax 2005;60:1019



Ambulatory stage

Early non-ambulatory stage

Late non-ambulatory stage

Tracheostomy:

- * Patient preference
- * NIV impossible
- * Weaning failures
- * Impaired bulbar function with sputum problems

Remarks

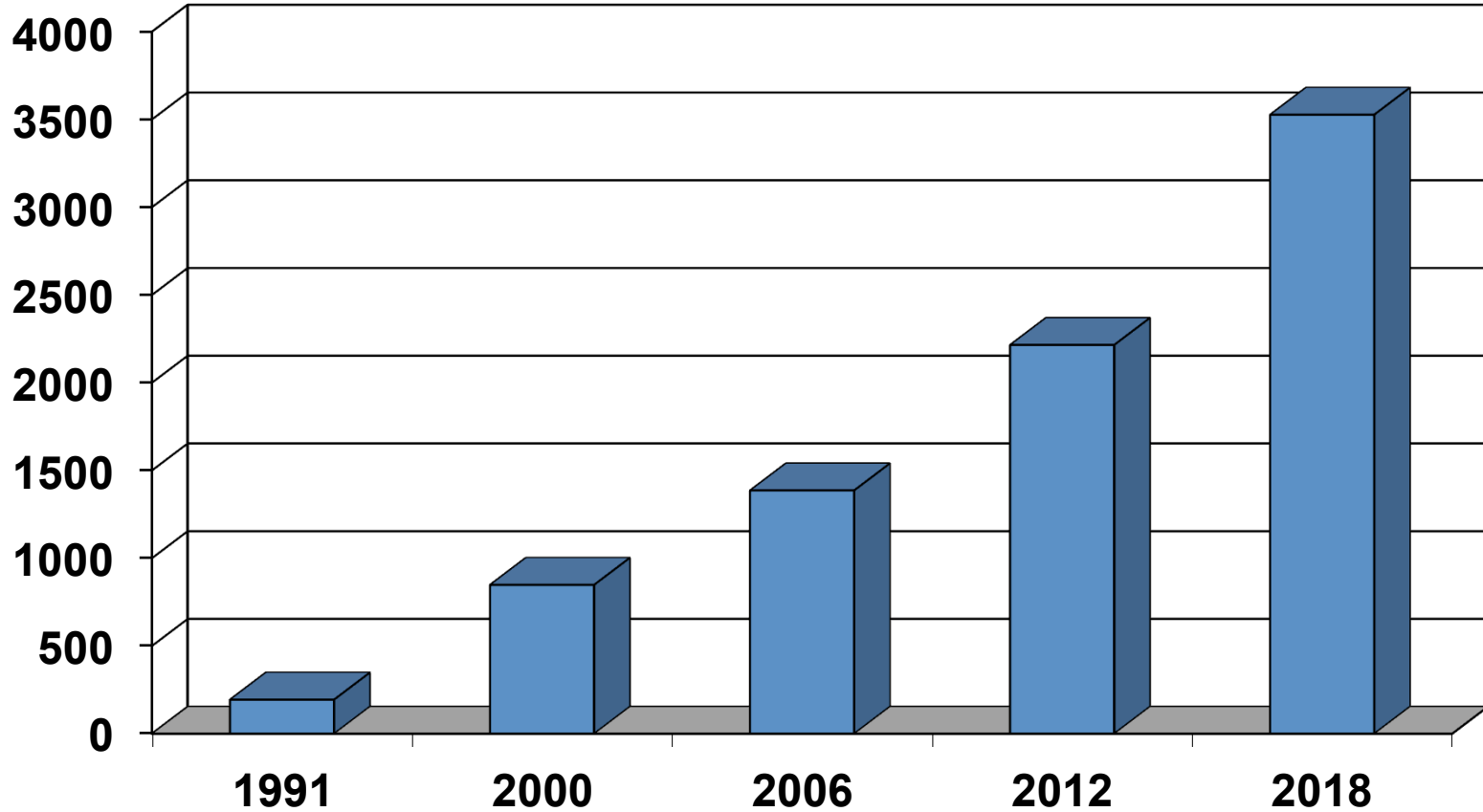
- Aspiration
- PCF < 160 L/min despite adequate LVR
- If NIV is not (yet) an option after invasive ventilation
- If NIV is not effective anymore



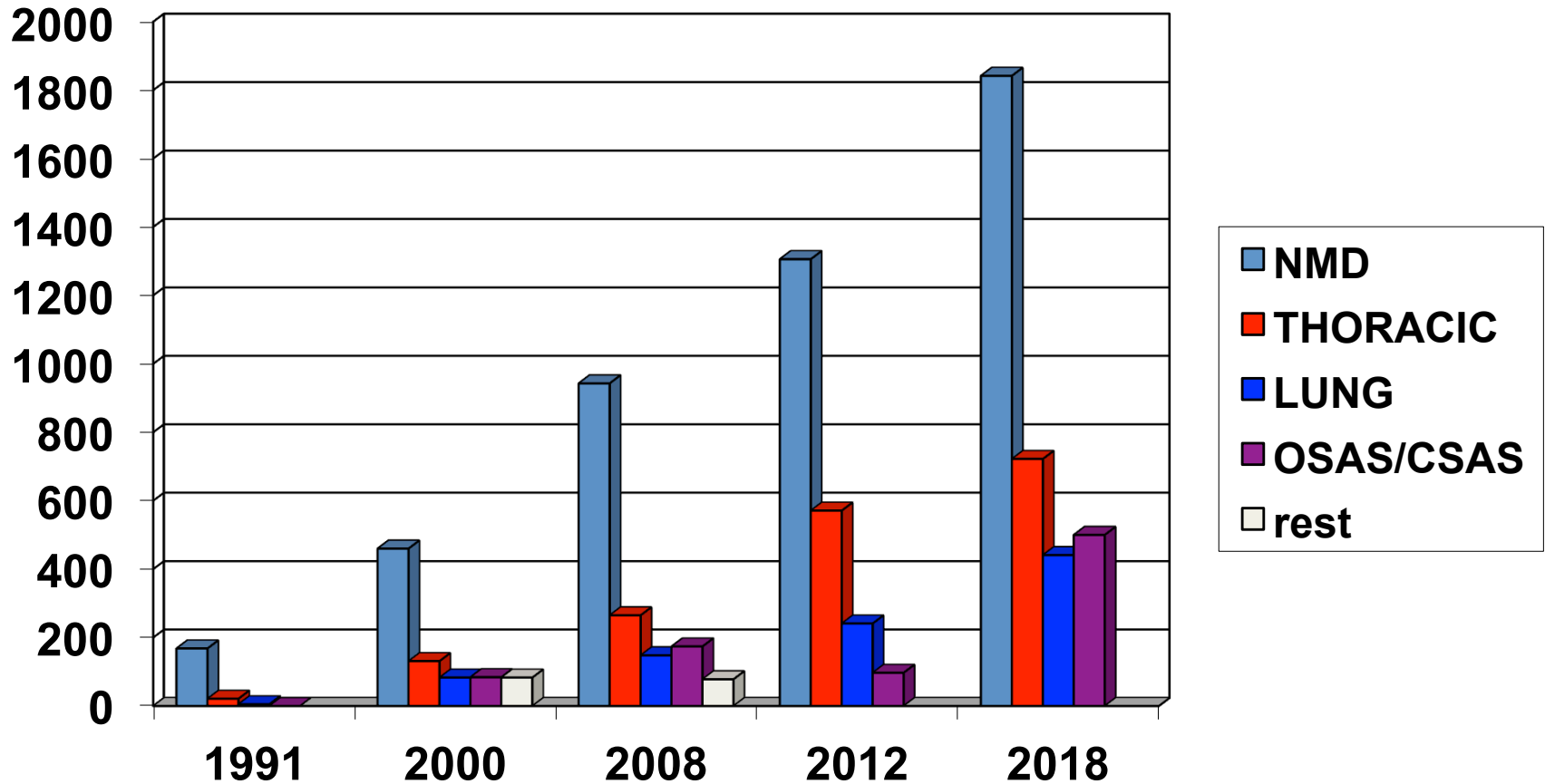
Dutch Home mechanical ventilation



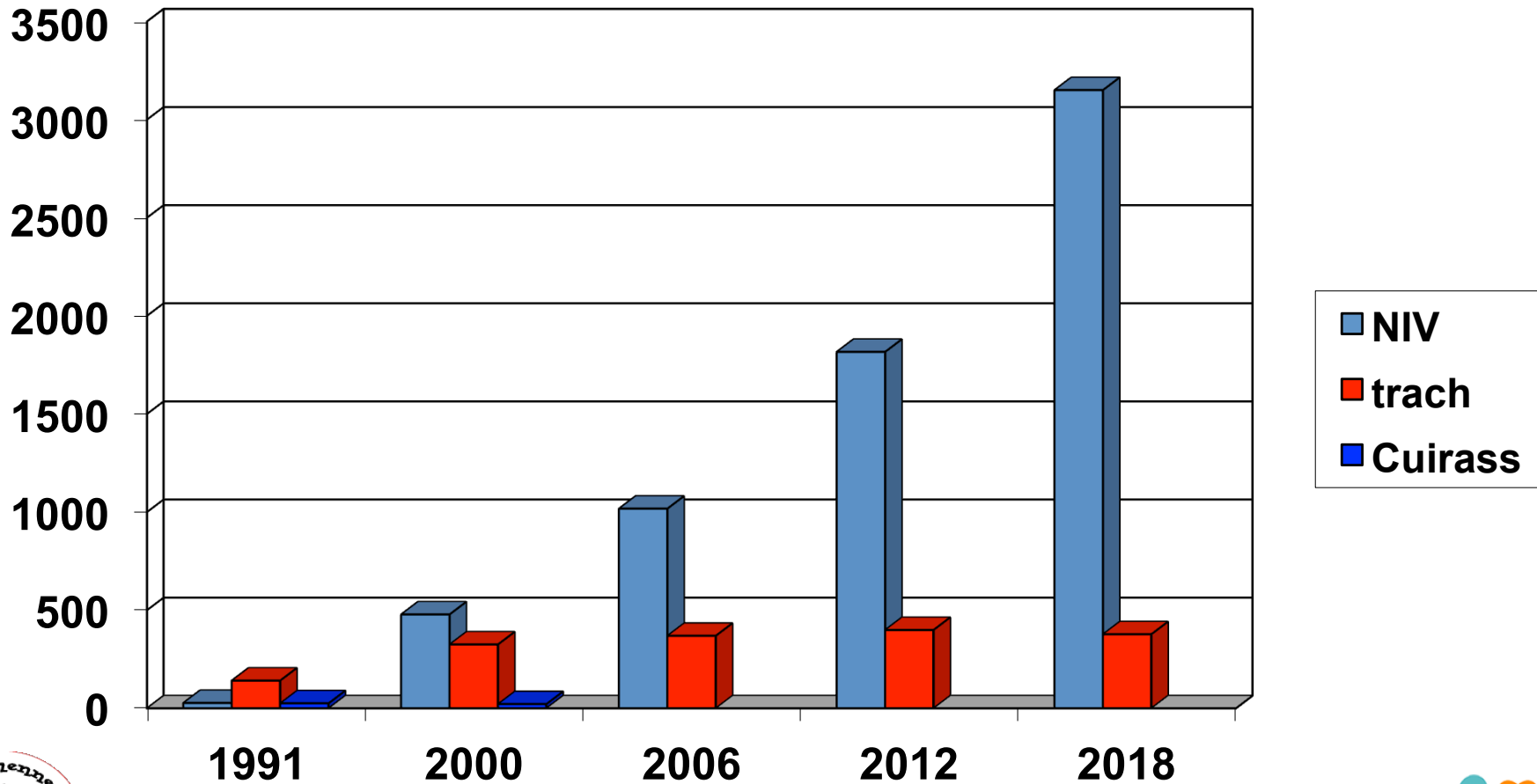
Number of patients



Total per diagnosis



Ratio NIV / Tracheostomy



Conclusion

- National guideline of Duchenne in progress
- Currently working on an Update of the Dutch HMG guideline.

