

# Library and Knowledge Services case study

# Royal United Hospitals Bath NHS Foundation Trust*:*

# Differentiating between asthma and VCD

Date *[06/07/2021]*

Date of interview: 21/04/2021

## Reason for enquiry

Management of a patient with a background of asthma and recently diagnosed vocal dysfunction (VCD). The patient was struggling to come to terms with this new diagnosis and frightened about confusing VCD with an acute asthma exacerbation, potentially becoming unwell.

Wyn requested a literature search from the Academy Library in Jan 2021 to look at:

* diagnosis and management of VCD
* incidence of combined asthma and VCD
* distinguishing between the two conditions
* recommended treatment pathway for VCD
* managing breathing pattern disorder.

Wyn’s aim was to help manage the case, and subsequently to write up a case report.

## What the knowledge and library specialist did

One of the librarian’s carried out the search via HDAS databases presenting links and references in three areas:

* VCD - diagnosis and treatment
* VCD - comparisons to and comorbidities with asthma
* Breathing pattern disorder

A link was also provided to BMJ Best Practice clinical guidelines for *Paradoxical vocal fold motion.*

Most of the references provided by the Academy Library were relevant and used by Wyn. The BMJ best practice guide was particularly useful.

# Impact of input from the library and knowledge service

* VCD increasingly thought to be the cause of many of her previous admissions rather than asthma (further investigations to continue as to whether sole or combined diagnosis).
* Reinforcement of the personalised ED care plan with a multi-disciplinary team (MDT) approach to the ongoing management of the patient, increased patient belief and understanding of the care plan.
* Self-management of condition without medication.
* Better knowledge amongst clinicians about VCD with the ability to distinguish between VCD and asthma.

## Immediate Impact

* Full assessment of the patient.
* Confidence restored for patient re clinicians’ knowledge and understanding of her condition, thereby reducing patient’s anxiety levels.
* Treatment of patient with VCD management techniques in order to alleviate her symptoms and confirm diagnosis.
* Discharge with follow-up and safety netting advice in place.

## Probable future Impact

* Less hospital admissions and invasive tests and procedures for this patient.
* Appropriate screening, referral and treatment pathways for future patients - assessments and techniques gained from the research provided and subsequent training have already been used to identify and treat a number of other patients with this condition.
* Creation of a patient leaflet and in-service training on VCD (Wyn and another physiotherapist have already attended a VCD study day, and a consultant from North Bristol Trust is set to present to the MDT May 2021).
* Links with specialist VCD clinicians in other trusts.

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***“This will support early diagnosis, improve treatment efficacy, reduce medication costs, reduce hospital length of stay/admissions, and reduce secondary infection (NICE, 2014), reducing need for unnecessary short acting beta agonist and ensuring appropriate follow up in line with the NHS Long Term Plan for respiratory care (NHS, 2016)”***

## Name and Job Title:

Name: **Wyn Lloyd**

Job Title: Advanced Respiratory Practitioner (ED & MAU)

## For further information on how you can get similar support contact your local NHS library and knowledge service.

**Submission Details**

**[To be completed by Knowledge and Library Service at the point of submission]**

Name of Organisation Royal United Hospitals Bath NHS Foundation Trust

Knowledge and Library Service Contact Email *lisa.hirst2@nhs.net*

NHS Region South West

Title of Case Study **Differentiating between asthma and VCD**

Sector Acute

Group Impacted Multiprofessional

Impact Types [Please select any which apply]

Contributed to personal or professional development.

Contributed to service development or delivery.

Facilitated collaborative working.

Health Information for Patients, Carers and the Public.

Improved the quality of patient care.

Mobilising evidence and organisational knowledge.

More informed decision making.

Productivity and efficiency.

Reduced risk or improved safety.

Saved money or contributed to financial effectiveness.

Improved health and wellbeing of staff and learners

I have consent from individuals referred to in this case study to share details nationally for advocacy and promotion.

Yes