

# Respiratory tests for people with MND

**Respiratory muscle weakness eventually affects most people with MND, and ventilatory failure is the most common cause of death.**

Respiratory function tests should be taken as a baseline at initial diagnostic assessment and then every 2/3 months after that unless there are signs of respiratory impairment, a rapid rate of progression of MND or in response to a person's preference/circumstances.



**Table 1**

## Signs to detect potential respiratory impairment

Symptoms	Signs
Breathlessness	Increased respiratory rate
Orthopnea	Shallow breathing
Recurrent chest infections	Weak cough
Disturbed sleep	Weak sniff
Non - refreshing sleep	Abdominal paradox
Nightmares	Use of accessory muscles of respiration
Daytime sleepiness	Reduced chest expansion on maximal inspiration
Poor concentration and/or memory	
Confusion	
Hallucinations	
Morning headache	
Fatigue	
Poor appetite	

**FVC - Forced Vital Capacity**

**VC - Vital Capacity**

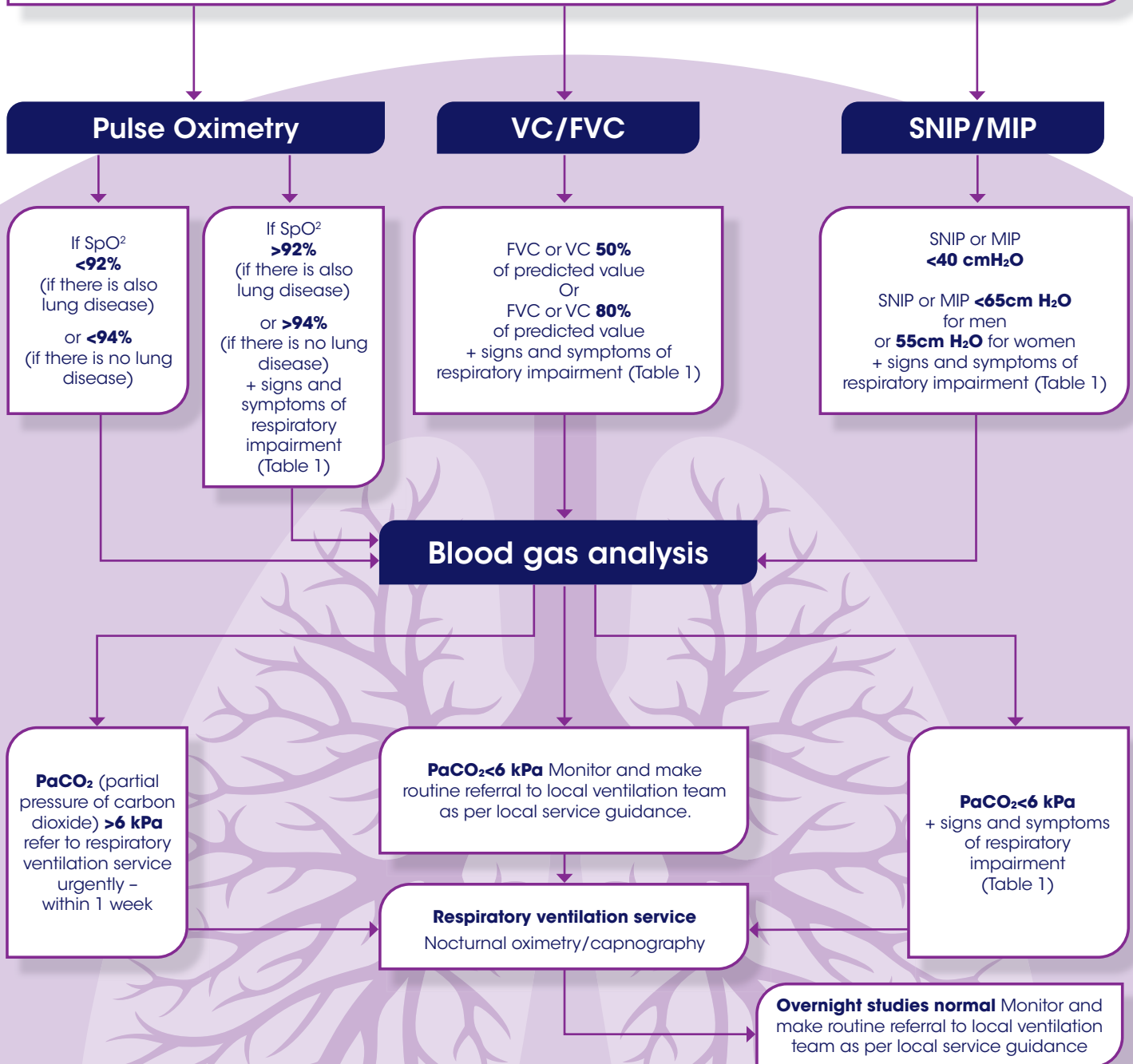
**SNIP - Sniff Nasal Inspiratory Pressure**

**MIP - maximum inspiratory pressure**

## Routine Respiratory Monitoring

Pulse Oximetry  
FVC/VC +/- SNIP/MIP

Signs and Symptoms of respiratory impairment – see **Table 1** on previous page



Essential discussion with patients, and carers (if appropriate):

- impact of respiratory impairment and treatment with the person and family and carers (if appropriate)
- if applicable explain reasons for and implications of an urgent referral
- care needs
- capacity
- patient wishes
- end of life issues