

# Preface

Many patients with pulmonary complaints fail to improve despite physicians' best efforts. Sometimes, we ascribe this failure to lack of adherence to therapy or to the severity of the condition. What we often fail to appreciate, however, is that sometimes the lack of improvement can be explained by the patients' psychological states. For example, some patients with asthma can experience shortness of breath as a result of anxiety rather than a physical exacerbation of their asthma. Treating the symptom by ratcheting up pharmacological asthma therapies is of little use and can be harmful. Thus, the first section of this book will help clinicians recognize functional respiratory symptoms that can arise in association with both organic and psychological causes.

Another group of patients have respiratory complaints that many clinicians recognize as functional in nature, such as vocal cord dysfunction, habit cough, anxiety-related dyspnea, and stress-related chest pain. Further, treatment of patients with sleep disorders often involves addressing functional issues that complicate their management, e.g., learning to accept continuous positive airway pressure (CPAP) therapy or psychosocial stressors that can underlie development of parasomnia. Thus, the second section of this book provides detailed discussions of such disorders, links to video examples of laryngoscopic evaluation of patients with vocal cord issues, case studies, and quizzes. The examples and exercises should strengthen the clinician's confidence in identifying and treating these functional conditions.

Finally, even when clinicians are comfortable in identifying patients with functional respiratory disorders, planning a treatment program can be challenging. Some patients may be reluctant to see mental health providers, even when such competent providers are available. For this reason, the third section of the book will help clinicians differentiate patients for whom referral to a mental health provider is necessary from those for whom other approaches may be useful. For the latter group, the book can teach clinicians to empower themselves by learning how to incorporate various nonpharmacological therapeutic modalities for functional disorders into their practice, including biofeedback, breathing techniques, elements of basic cognitive behavioral therapy, hypnosis, speech therapy, acupressure, and meditation. Links are provided to instructive video examples of biofeedback, hypnosis, and speech therapy.

Information regarding how one might receive training in these modalities is provided in the Appendix. Rare instances in which functional respiratory disorders might be treated with pharmacologic agents also are discussed. Helpful case studies and quizzes are provided in this section as well.

The intended audience for this book includes pediatricians, family practitioners, internists, pulmonologists, sleep specialists, psychiatrists, psychologists, and other mental health-care providers. Students, residents, and fellows in medical and behavioral sciences also should find the book of significant interest, as it may help shape their approach to patients throughout their careers.

We are fortunate to have benefited from the expertise of the internationally renowned authors who contributed to this book, including pulmonologists, sleep medicine specialists, family practitioners, pediatricians, psychiatrists, psychologists, speech therapists, and experts in complementary and alternative medicine. It is our hope that the book will help clinicians consider the possible impact of functional contributions to the clinical presentation of every patient with respiratory symptoms and identified respiratory disease.

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