

11. Article Title: “Pulmonary and Psychosocial Findings at Enrollment in ACCESS”

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To understand if lung involvement for ACCESS sarcoidosis participants was affected by their age, race, gender, or mental health, we looked at medical histories and physical examinations, chest x-rays, breathing tests, and questionnaire answers about shortness of breath. Mental health was studied using standard tests, called the Short Form-36 Health Survey, and the Center for Epidemiologic Studies Depression (CES-D) questionnaire.

Nearly all study patients with sarcoidosis in ACCESS (95%) had lung involvement. About three-fourths had mild to moderate sarcoidosis based on the chest x-ray; only 5% had advanced stage disease (stage IV). About half of the sarcoidosis study subjects reported

significant shortness of breath. In general, as one would expect, sarcoidosis participants with worse chest x-rays due to sarcoidosis were also the people with poor breathing tests. But there were exceptions: 8% of patients with no lung involvement by chest x-ray had poor breathing tests, and 35% of patients with chest x-rays showing a lot of disease said they had no exercise limitation on the shortness of breath questionnaire.

Sarcoidosis study patients were more likely to report feelings of depression. Worse lung function and greater shortness of breath were associated with study patients reporting to us that they have a poorer quality of life.

Current smokers had poorer lung function than did non-smokers. Lower lung function was more common in people with sarcoidosis who were at least 40 years old, were African-American, or who were overweight.

Conclusion: understanding sarcoidosis patient's disease requires careful evaluation of not only lung function, but also chest x-ray changes, symptoms such as shortness of breath, and how the disease impacts their quality of life.