



British Society of Rehabilitation Medicine  
C/o Royal College of Physicians  
11 St Andrews Place  
London NW1 4LE  
Tel: 01992 638865  
Fax: 01992 638674  
admin@bsrm.co.uk  
www.bsrm.co.uk

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### **BSRM response to CKS draft guidelines on bronchiectasis**

The British Society of Rehabilitation Medicine (BSRM) represents doctors who practise Rehabilitation Medicine. Many BSRM members specialise in the management of patients with neurological conditions, some of whom can develop respiratory problems, including bronchiectasis.

Rehabilitation Medicine physicians play a key role in the ongoing management of their patients, including chest care; they have specialist knowledge of management and prognosis after severe neurological injury. They should, therefore, be involved in assessment, and reassessment, of such patients from an early stage, remaining involved in decisions about ongoing care.

The draft CKS guidelines on bronchiectasis state the aspiration of gastro-oesophageal contents as a potential cause of bronchiectasis. They do not however specifically mention patients with neurological conditions who can aspirate from the oesophagus because of altered upper gastro-oesophageal motility. Such patients tend to have a swallowing impairment (dysphagia) in addition, resulting in silent aspiration and recurrent, or chronic, chest sepsis.

Some people with neurological conditions can have such severe dysphagia that they are unable to swallow oropharyngeal secretions (saliva), and can silently aspirate on these also. They can experience recurrent respiratory infections which can ultimately lead to bronchiectasis.

Advances in the care of patients with conditions affecting the nervous system has led to increased life expectancy; some very severely impaired patients now live with the respiratory consequences of their condition for considerably longer than they did in the past.

Because of chest wall and/or diaphragm weakness due to their neurological conditions, patients may have an ineffective cough, so cannot clear their chest secretions; some may be so severely impaired that they require suction of secretions through a tracheostomy tube. In these patients, standard physiotherapy techniques tend not to be effective in clearing sputum, necessitating the use of manual physiotherapy techniques such as manual hyperinflation, or use of specialist equipment eg: cough assist devices.

In addition, with better access to specialist rehabilitation following an acute episode, and with improvements in the management of patients with progressive neurological conditions, increasing numbers of people who have severe neurological problems are able to live either in nursing home environments or in their own homes.

Neurological conditions which can result in bronchiectasis secondary to aspiration of either gastro-oesophageal contents or oropharyngeal secretions, and ineffective cough such that there is retention of respiratory secretions, include :-

- Brain injury (eg: secondary to trauma, haemorrhage, infarction, tumour). Patients who have involvement of posterior fossa structures and / or brain stem are particularly at risk.
- Spinal cord injury involving cervical or upper thoracic spine.
- Progressive conditions eg: Parkinson's Disease, multiple sclerosis, a variety of neurodegenerative conditions.

The BSRM would like some acknowledgement of these scenarios within the guidelines.

*Dr Krystyna Walton, Consultant in Rehabilitation Medicine, Salford*  
**On behalf of the British Society of Rehabilitation Medicine**