



Chronic Bronchitis

Basics

OVERVIEW

- The respiratory tract consists of the “upper respiratory tract” (the nose, nasal passages, throat, and windpipe [trachea]) and the “lower respiratory tract” (the bronchi, bronchioles, and alveoli [the terminal portion of the airways, in which oxygen and carbon dioxide are exchanged])
- The bronchi and bronchioles are considered to be “small airways”
- “Bronchitis” is inflammation of the bronchi and bronchioles
- “Chronic bronchitis” is long-term (chronic) coughing for longer than 2 months that is not related to another cause (such as cancer; congestive heart failure [CHF], a condition in which the heart cannot pump an adequate volume of blood to meet the body’s needs; or infection of the bronchi (known as “infectious bronchitis”)
- Partly non-reversible and often slowly progressive due to changes in the airways

SIGNALMENT/DESCRIPTION OF PET

Species

- Dogs
- Cats

Breed Predilections

- Dogs—small- and toy-breed dogs common; also observed in large-breed dogs
- Cocker spaniels—dilation of bronchi or bronchioles, as a consequence of inflammation or blockage of the airway (known as “bronchiectasis”), common after a history of long-term (chronic) inflammation of the bronchi (bronchitis)
- Cats—Siamese and domestic shorthair

Mean Age and Range

- Most often affects middle-aged and old pets

Predominant Sex

- Spayed females may be more likely to have chronic bronchitis than other pets

SIGNS/OBSERVED CHANGES IN THE PET

- Coughing—hallmark of irritation of the windpipe (trachea) and bronchi (known as “tracheobronchial irritation”); usually harsh and “dry” cough; gagging common after coughing (gagging response often misinterpreted as vomiting, especially in dogs)
- Exercise intolerance, difficulty breathing, wheezing (in cats)
- Bluish discoloration of the skin and moist tissues (mucous membranes) of the body caused by inadequate oxygen levels in the red blood cells (known as “cyanosis”) and even fainting (known as “syncope”) may be noted in severely affected pets

- Pets usually are bright and alert with normal body temperature (that is, pet does not have a fever)
- Feeling or applying pressure on the windpipe (trachea) typically results in coughing, because of increased tracheal sensitivity
- Small airway disease—assumed when an abdominal “push” (during quiet breathing) is noted when the pet breathes out (expiration) or squeaking or whistling sounds (known as “wheezing”) are detected at the end of breathing out
- Short, rough snapping sounds (known as “crackles”) heard at the end of breathing out (expiration) when listening to the chest with a stethoscope
- Heart—heart murmurs common in dogs, but not always associated with congestive heart failure; chronic bronchitis usually results in a normal or slower than normal resting heart rate and pronounced irregular heart beat; a rapid heart rate (known as “tachycardia”) may be present in cats
- Obesity—common; important complicating factor
- Severe dental disease may increase the likelihood of lower airway infection (dogs)

CAUSES

- Long-term (chronic) airway inflammation initiated by multiple causes
- Specific cause rarely identified

RISK FACTORS

- Long-term exposure to inhaled irritants
- Obesity
- Recurrent bacterial infection
- Dental disease and disease of the voice box (larynx) disease—result in bacterial showering of the lower airways

Treatment

HEALTH CARE

- Usually outpatient—oxygen can be given at home in some cases
- Inpatient—if the pet requires oxygen therapy, injectable medication, or administration of medication in a fine spray or mist that is breathed in (known as “aerosol therapy”); pets that owners cannot keep calm at home during initial stages of treatment
- Consider administration of saline in a fine spray (known as “saline nebulization”) and efforts to dislodge secretions in the lungs and to induce coughing (known as “coupage”) or gentle exercise to encourage removal of airway secretions

ACTIVITY

- Exercise—gentle to moderate (not forced); useful in clearing secretions from the airways; assists with weight loss
- Limit if exertion causes excessive coughing
- Use a harness instead of a collar

DIET

- Weight loss is critical—improves oxygen levels in the blood, attitude, and exercise tolerance and decreases cough frequency in obese pets

SURGERY

- Treat severe dental disease to minimize secondary bacterial complications

Medications

Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered as all inclusive

STEROIDS

- Decrease airway inflammation and coughing, regardless of the underlying cause
- Indicated for non-infectious causes of long-term inflammation of the bronchi and bronchioles (chronic bronchitis)
- With allergic or hypersensitivity reactions—require long-term administration; attempt to wean off steroids or determine lowest effective dosage
- Steroids administered by mouth (known as “oral administration”) include prednisone or prednisolone; prednisolone preferred in cats
- Inhaled steroids often are effective and can be used to decrease generalized side effects of steroids administered by mouth (oral administration)

MEDICATIONS TO ENLARGE OR DILATE THE BRONCHI (KNOWN AS “BRONCHODILATORS”)

- Beneficial effects (depends on the particular medication)—enlargement or dilation of the bronchi (known as “bronchodilation”); improved secretion clearance mechanism of the lungs (known as “mucociliary clearance”); improvement in function of the diaphragm, the muscle between the chest and abdomen; lowered blood pressure in the pulmonary artery
- β -agonists—terbutaline and albuterol
- Sustained-release theophylline—oral administration
- Aminophylline—immediate-release tablets or injectable formulations are not recommended

ANTIBIOTICS

- Select on the basis of bacterial culture and sensitivity test results
- While waiting for bacterial culture and sensitivity results—antibiotic that is effective against gram-negative bacteria (antibiotics such as potentiated sulfa/trimethoprim, amoxicillin/clavulanic acid, or enrofloxacin)
- Associated long-term (chronic) aspiration pneumonia (inflammation of the lungs, caused by accidentally inhaling food, vomit, or liquids) or dental disease—may prefer an antibiotic that is effective against bacteria that can live and grow in the absence of oxygen (known as “anaerobic bacteria”) and gram-positive bacteria

MEDICATIONS TO CONTROL COUGHING (KNOWN AS “ANTITUSSIVES”)

- Indicated for cough that is non-productive (that is, a “dry” cough in which no sputum [secretion or material] is coughed up); paroxysmal (that is, coughing episodes occur suddenly at fairly regular intervals); continuous (that is, the coughing goes on without letting up); or debilitating (that is, the cough is severe enough to affect the pet in general, even leading to lack of sleep and to weakness)
- Dogs—butorphanol; hydrocodone; codeine
- Metered dose inhalers (steroids— fluticasone [Flovent®] or budesonide; medications to enlarge or dilate the bronchi [bronchodilators]—albuterol) and aerosolized antibiotics (gentamycin) may be administered via face mask and spacing chamber

Follow-Up Care

PATIENT MONITORING

- Follow abnormalities revealed by physical examination and selected diagnostic tests—determine response to treatment
- Monitor weight and arterial blood gases (measurements of oxygen and carbon dioxide levels in arterial blood)—usually improve after significant weight loss

PREVENTIONS AND AVOIDANCE

- Avoid and address/correct risk factors

POSSIBLE COMPLICATIONS

- Fainting (syncope)—frequent complication of long-term (chronic) coughing, particularly in toy-breed dogs
- Increased blood pressure in the lungs (known as “pulmonary hypertension”) and heart disease secondary to lung disease (known as “cor pulmonale”)—most serious complications

- Dilation of bronchi or bronchioles, as a consequence of inflammation or blockage of the airway (bronchiectasis) and remodeling of the airways

EXPECTED COURSE AND PROGNOSIS

- Progressive airway changes—fainting (syncopal) episodes; long-term (chronic) low levels of oxygen in the blood and body tissues (known as “hypoxia”); enlargement of the right ventricle (a chamber of the heart; condition known as “right ventricular hypertrophy”); and increased blood pressure in the lungs (pulmonary hypertension)
- Sudden (acute) worsening of signs—common with seasonal changes, air quality changes, worsened inflammation, and potentially the development of secondary infection

Key Points

- Chronic bronchitis is an incurable disease and complete suppression of all coughing is an unattainable goal
- Aggressive treatment—including weight control, avoiding risk factors, and medical treatment—minimizes the severity of the coughing and slows disease progression in most affected pets

Notes

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