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Overdiagnosis of Asthma in Anxious and Obese Patients

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Objectives: Shortness of breath is a subjective symptom and is one of the main symptoms of chronic obstructive pulmonary disease. Respiratory symptoms seen in obesity and anxiety may mimic asthma. Obese and anxious patients may be considered as false asthma. Therefore, these patients should be evaluated tests to support the diagnosis of asthma. The present study aims to assess the overdiagnosis of asthma due to obesity and anxiety among a group of asthma patients.

Methods: One hundred and sixty six asthma patients over 18 years of age were included in the study. Patients without obesity or psychiatric disease were named Group A, those with obesity or psychiatric disease were named Group B. Demographic features, FVC, FEV1, FEV/FVC, PEF values, the presence of reversibility total serum IgE levels, blood eosinophil counts, prick test results and ACT of these two groups were compared

Results: The mean age of Group B patients was higher than that of group A ($p<0.001$). The BMI of the patients in Group B was statistically significantly higher ($p<0.001$). ACT Score of Group A was significantly higher than that of Group B ($p=0.02$). Prick test positively rate was higher in Group A than Group B ($p=0.001$). Serum IgE levels of Group A was significantly higher than that of Group B ($p=0.02$).

Conclusion: The presence of dyspnea on the basis of the diagnosis of asthma causes overdiagnosis in some patients, especially obesity and anxiety. Due to differences in pathogenesis of dyspnea symptoms in obese and psychiatric patients, asthma treatment will not be effective. These patients are considered as false asthma. In these patients, leading to unnecessary drug use and high costs.

Keywords: Asthma, overdiagnosis, obesity, anxiety