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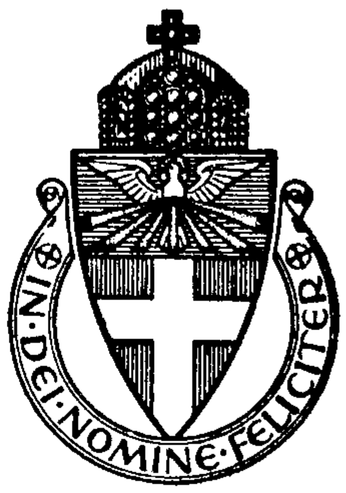

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A STRATEGY FOR DIAGNOSIS AND TREATMENT OF HYPERVENTILATION COMPLAINTS AMONG PATIENTS REFERRED TO PHYSICAL THERAPY

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Studies of the occurrence of Hyperventilation syndrome (HVS) among outpatient clinics result in estimates of 4-11%. A frequency of even 35% has been found in a psychiatric policlinic (1). This study investigates the occurrence of Hyperventilation complaints in a physiotherapy practice.
In two registration periods (march-july 1983, august-december 1984) all newly referred patients (91 and 137 resp.) completed the Nijmegen questionnaire (2). Age, gender, medical diagnosis and chief complaint were also recorded.
In primary health care patients are often treated without definite establishment of a diagnosis. Treatment may be part of the differential diagnostic process. Because of this, estimation of the occurrence of HVS cannot be based solely on medical diagnosis. Using as a criterion for HVS 1) recognition by general practitioner, 2) typical chief complaint in the absence of a diagnosis, 3) high complaints score (≥ 30), then 30% and 14% of the patients in the respective registration periods meet at least one of these conditions. Taking the first two conditions as diagnostic for HVS then 24% and 12% of the patients are HVS. It means that HVS is variable but rather frequent in this physiotherapy practice. Comparing this "diagnosis" with a classification of HVS on the basis of Nijmegen Questionnaire then 87% and 95% of the patients is correctly classified. It means that Nijmegen questionnaire confirms the diagnosis in most cases, especially in the second year. Apparently, this registration did not increase referral for "stress complaints" but it did increase selective referral for hyperventilation treatment. Also, recognition of HVS by the GP increased.
The complaints scores of patients with a somatic (mechanical) diagnosis show that none of this group has a high score (≥ 30). It means that the questionnaire does not create

unnecessary confusion as to the interpretation of complaints. Consequently, the Nijmegen questionnaire may be used as an aid to determine proper treatment. In this practice the following guideline is developed: patients without diagnosis and a low score (< 20) start with a purely physical treatment, whereas patients without diagnosis and a higher score (> 20) start with basic techniques for breathing and relaxation, that is, a more psychosomatic approach.

1. Folgering, H. and Colla, P. in: Het medisch jaar. Bohn Scheltema Holkema, Utrecht 1980.
2. Dixhoorn van, J. and Duivenvoorden, H.J. (1985 in press) J.Psychomatic Research.