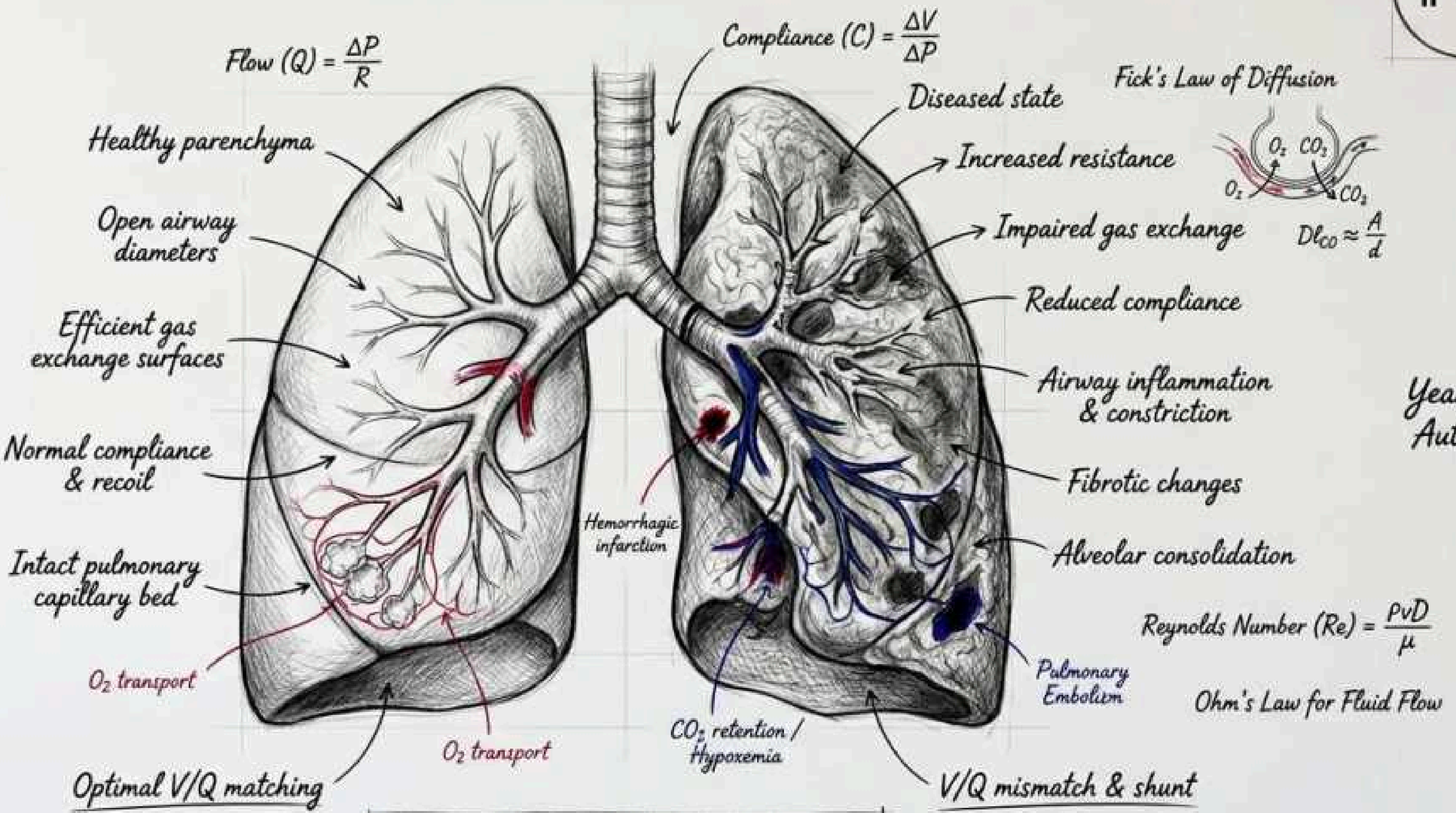
MEDICINE 522 B: RESPIRATORY PATHOPHYSIOLOGY

¶ 0.1

Anderson Academy
Medical School

Year 2 /
Autumn



MODELLED ON HARVARD & MIT
HEALTH SCIENCES AND TECHNOLOGY

¶ 0.2

DIRECT LINES FOR QUESTIONS AND FEEDBACK



garyanderson@mail.grokbot.com

Welcome

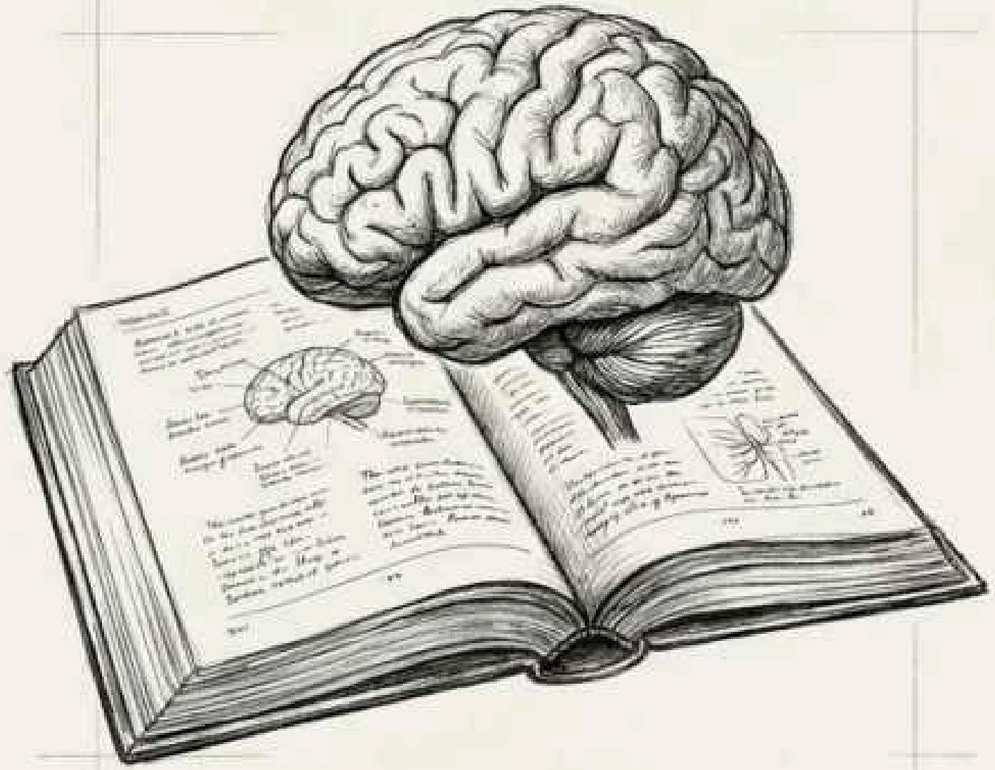


@garyanderson

ABSOLUTE CLINICAL BOUNDARIES: KNOWLEDGE VS. PRACTICE

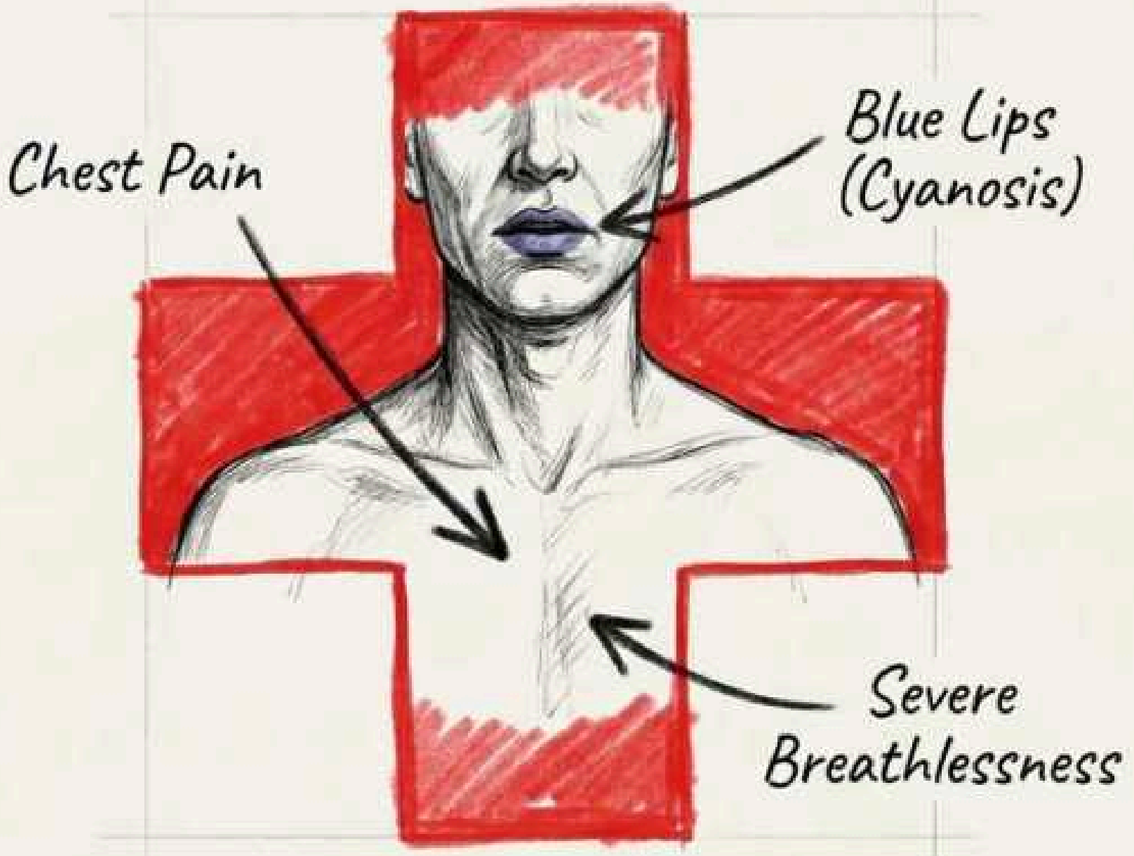
¶ 0.3

Academic Knowledge



This course provides knowledge, not training.
No clinical skills. No licence.
Not medical advice.

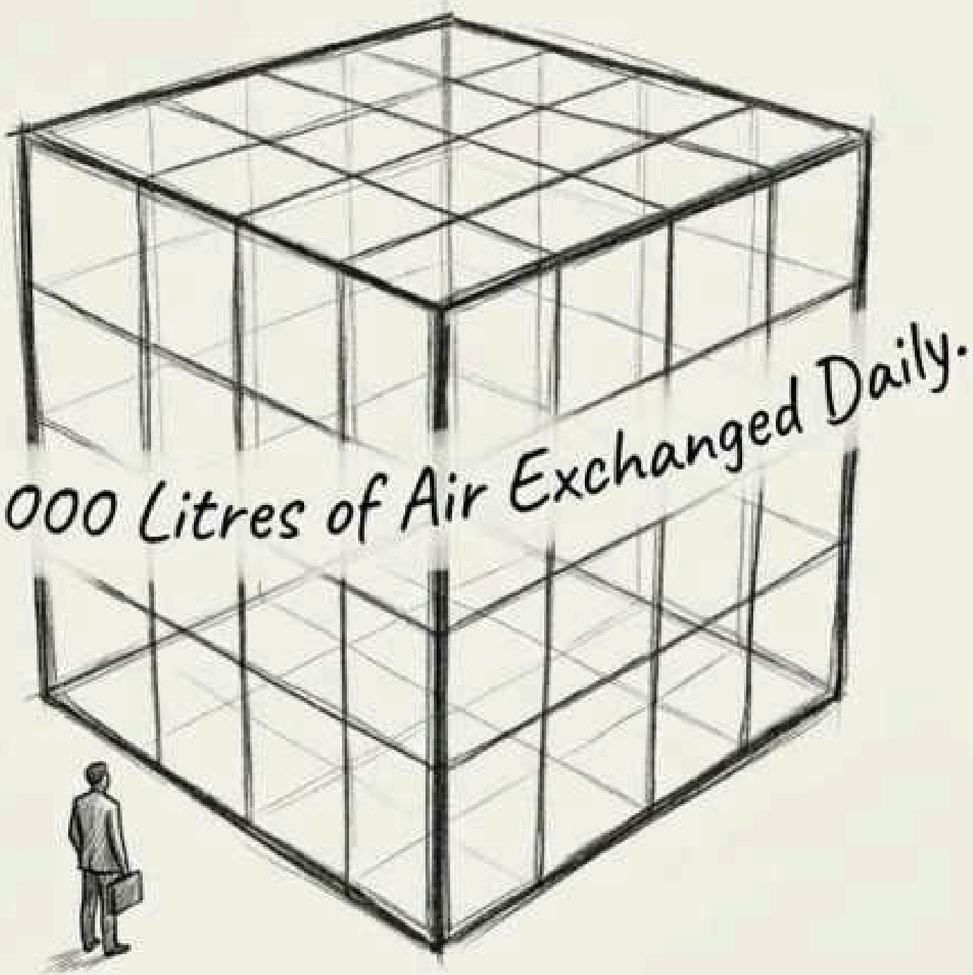
Clinical Emergency

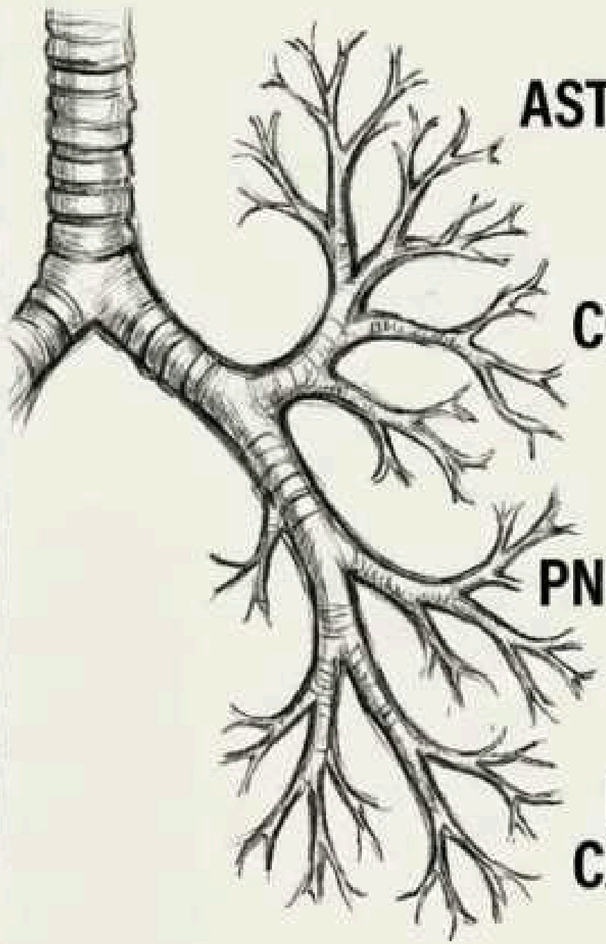


THESE ARE EMERGENCIES.
SEEK IMMEDIATE HELP.

¶ 0.4

THE INVISIBLE BURDEN OF BREATHING





ASTHMA

COPD

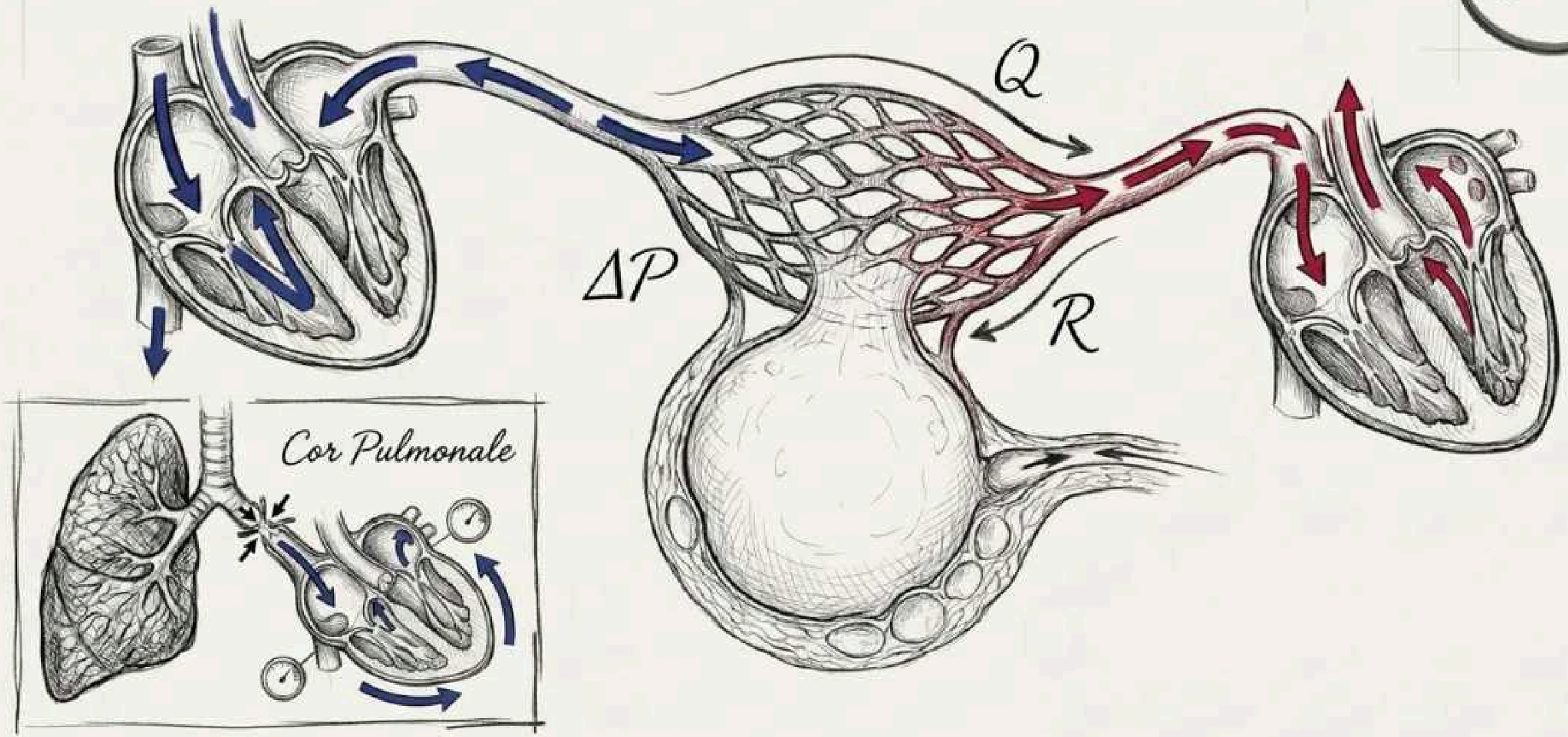
PNEUMONIA

LUNG CANCER

Strongly linked to smoking & air pollution.

THE CARDIOPULMONARY SHARED CIRCUIT

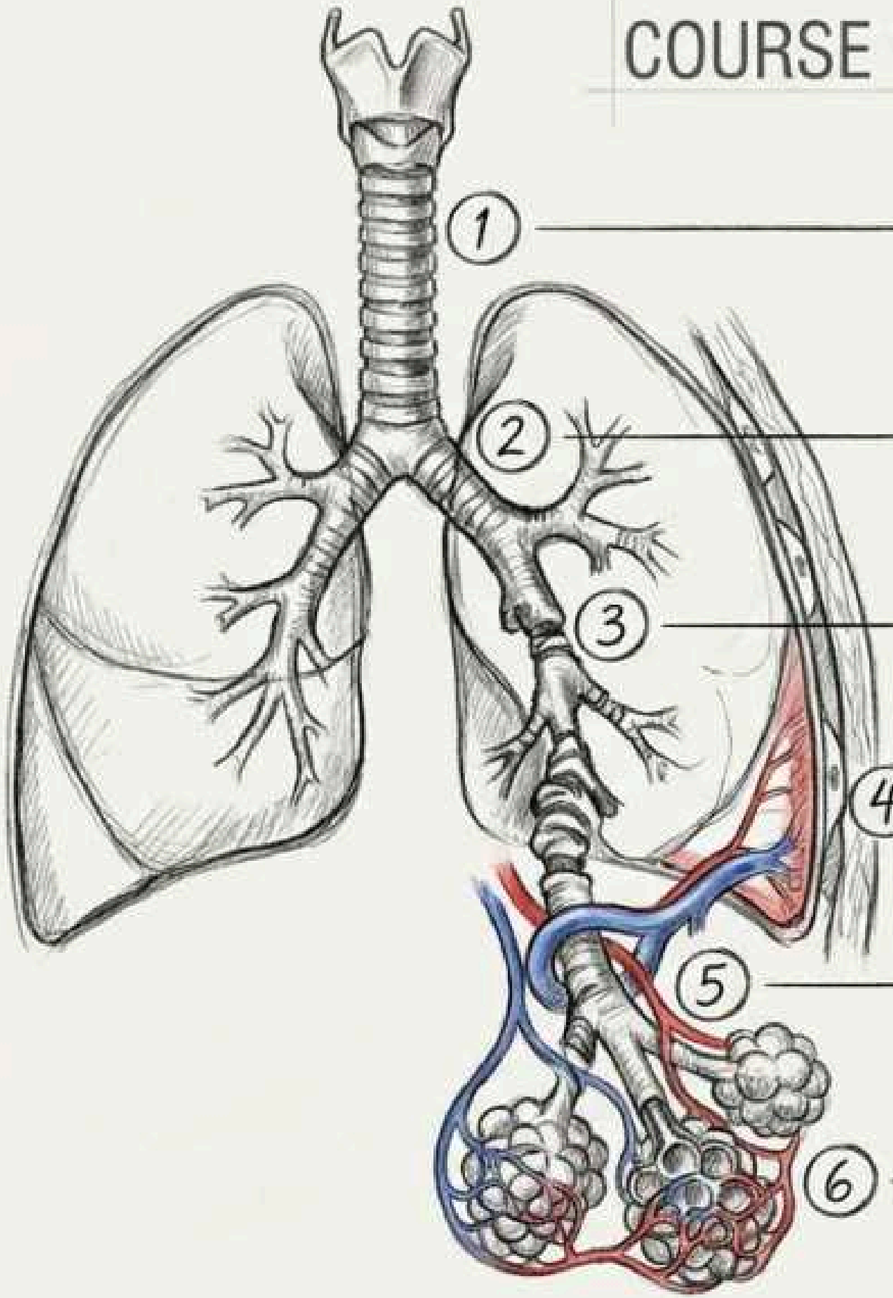
¶ 0.5



MED 521 B principles apply to air as well as blood. Disease in one strains the other.

COURSE MAP: AN ANATOMICAL DESCENT

¶ 0.6



1 — Lecture 1: How healthy lungs work

2 — Lecture 2: Measuring lung function

3 — Lecture 3: Obstructive diseases (Asthma, COPD)

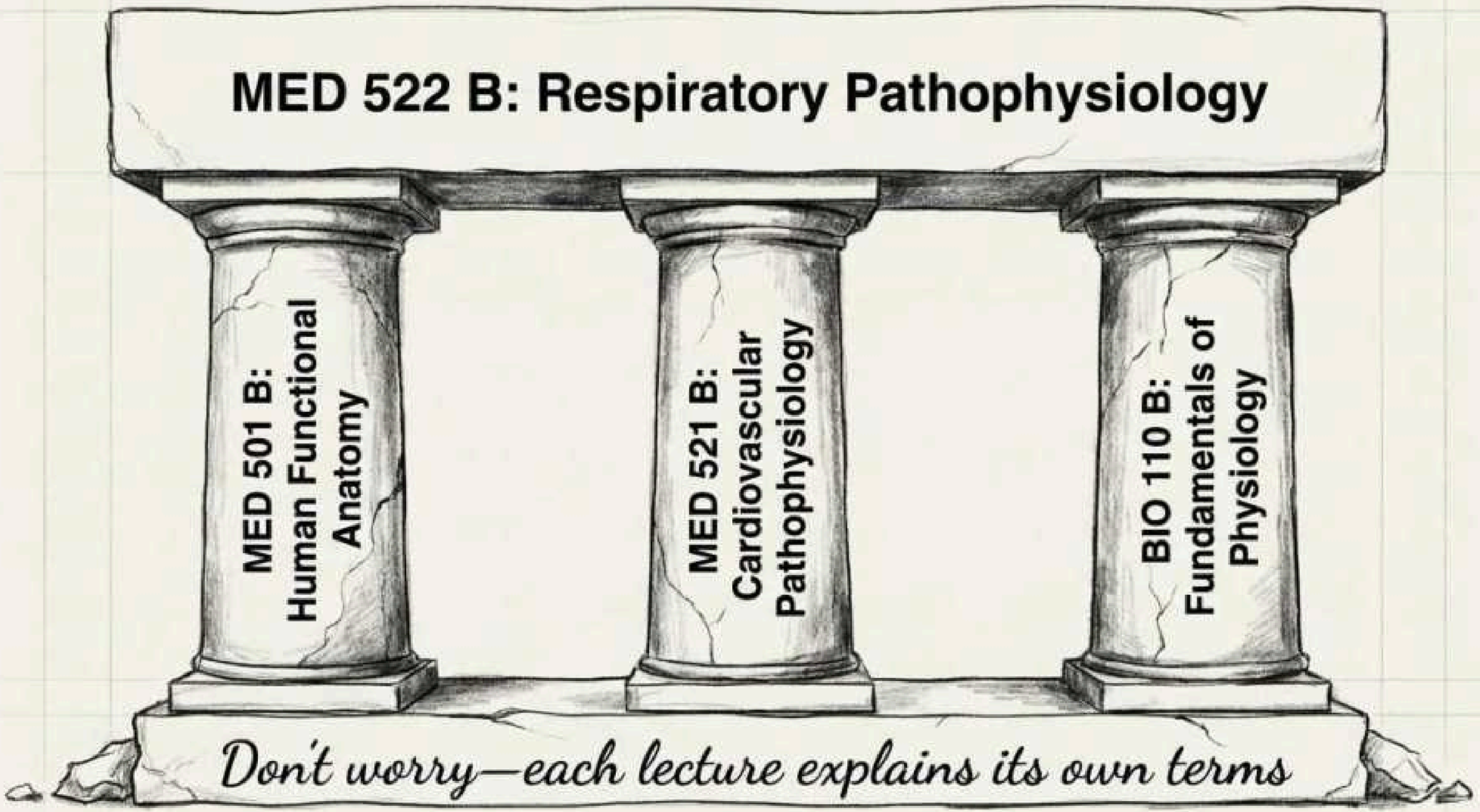
4 — Lecture 4: Restrictive diseases (Tissue & Chest Wall)

5 — Lecture 5: Circulation & blood clots

6 — Lecture 6: Respiratory failure, sleep disorders, cancer

¶ 0.7

LOAD-BEARING PREREQUISITES



THE DIAGNOSTIC TRIAD

¶ 0.8

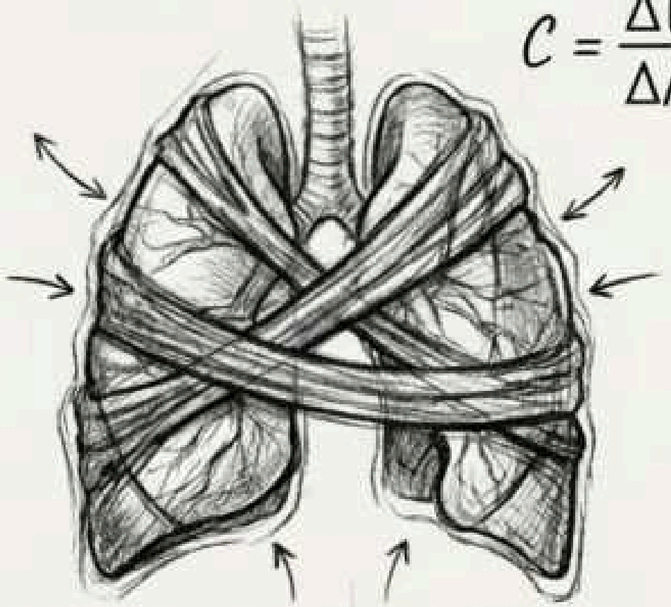
The heuristic that organises most of respiratory medicine.

OBSTRUCTION



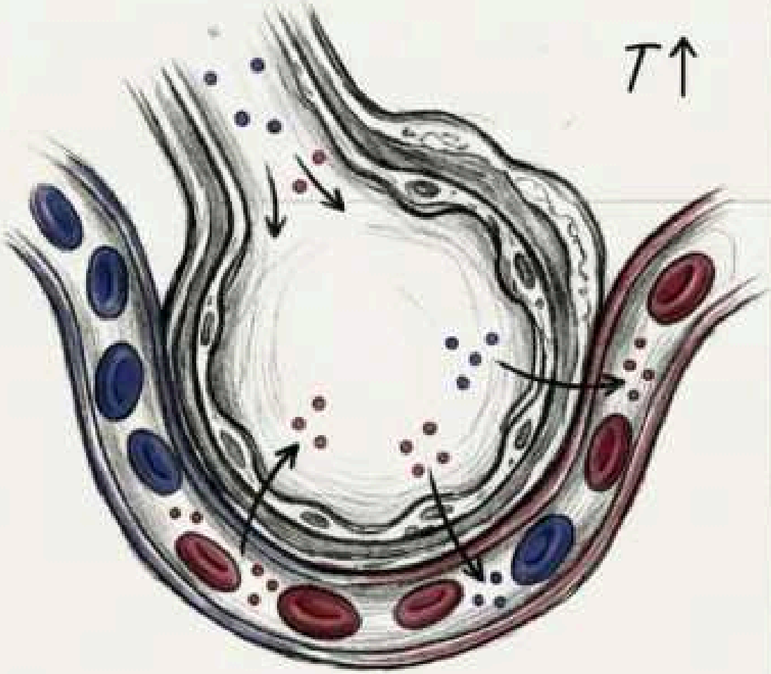
Hard to get air out.

RESTRICTION



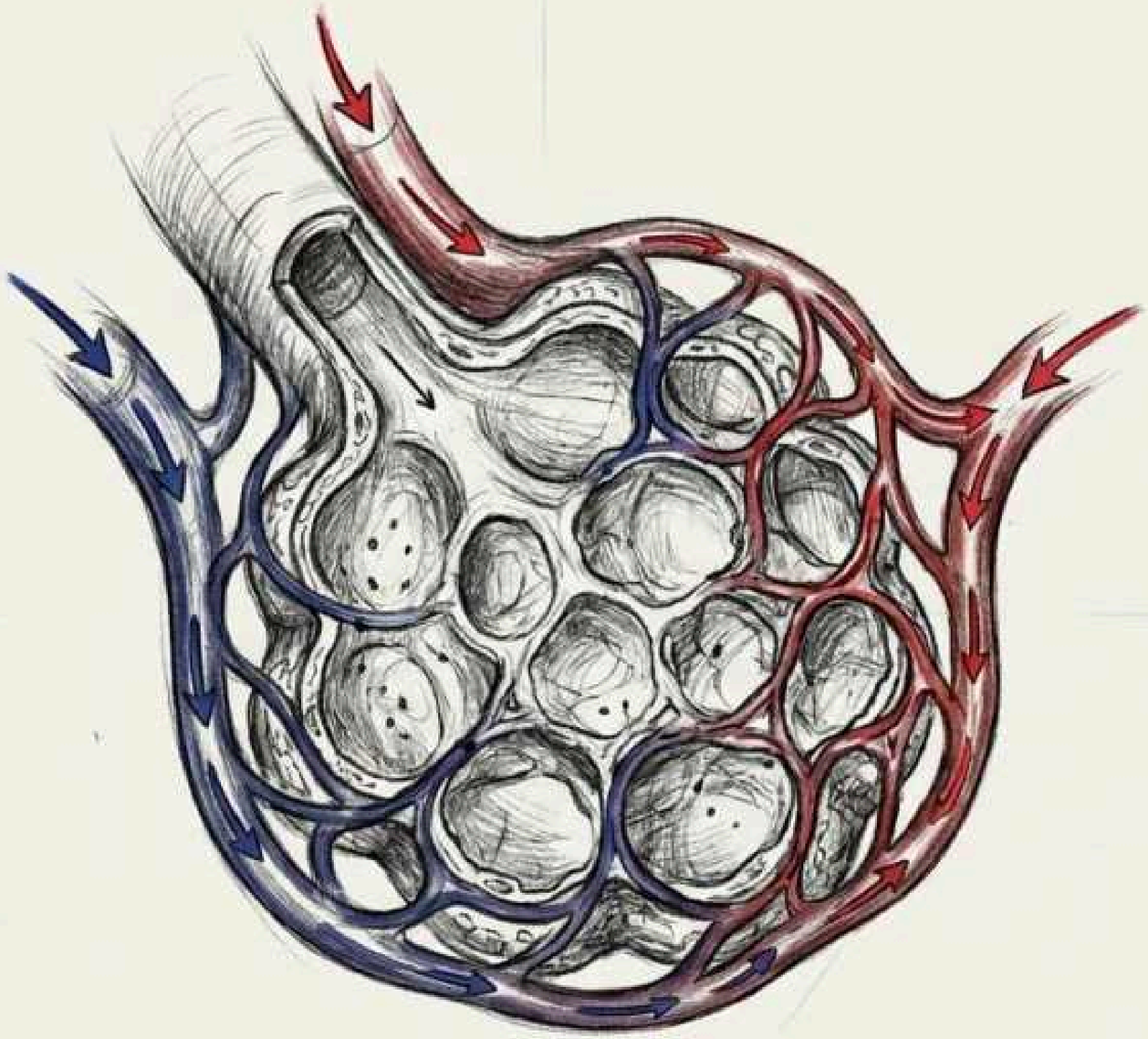
Hard to get air in.

IMPAIRED GAS EXCHANGE



Hard for O_2 to cross.

¶ 0.9



So let us begin with how healthy lungs work.