

#HospiceLink

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BREATHLESSNESS

Breathlessness is a common symptom for people living with a terminal illness. It can be distressing for patients and those around them, but there are many things you can do to help manage it.

It can:

- make them feel uncomfortably aware of their own breathing
- be an overwhelming symptom that affects everything they try to do
- come on when exerting lots of energy, like when walking up the stairs
- come on when they're not active, like when they're resting or sitting down.

Breathlessness feels different for different patients. It can feel like:

- tightness in the chest
- they're having to work harder to take a breath
- they're not getting enough air with each breath they take
- they're not able to finish their sentences because they're so breathless.
- Breathlessness can come on suddenly and last a short amount of time, or it can develop slowly and gradually get worse over time. It can be continuous or it can come and go (episodic breathlessness).

Breathlessness can be caused by many different illnesses.

Chronic illnesses that can cause breathlessness include:

- chronic obstructive pulmonary disease (COPD)
- pulmonary fibrosis
- heart failure
- neurodegenerative disorders such as motor neurone disease and multiple sclerosis
- cystic fibrosis (CF).
- Acute illnesses can cause breathlessness, including:
- infections like pneumonia
- pulmonary embolism

Symptoms and side effects of an illness can also cause breathlessness. For example - Cancer can cause breathlessness as a result of:

- tumours, which can cause compression of the airways
- Anaemia (when red blood cells can't carry enough oxygen around the body)
- lung metastases (cancer which has spread to the lungs from elsewhere in the body)
- pleural effusion (a build-up of excess fluid between the lining of the lungs).
- As well as the illness itself, there are some common factors that can make breathlessness worse in patients with a terminal illness. These include fatigue if a patient has asthma, anxiety and fear.

Supporting someone who's having a breathlessness episode using non-pharmaceutical measures

You can possibly assist to reduce the sensation of breathlessness by:

- opening a window
- placing a standing fan or desk fan near the patient
- giving the patient a hand-held fan to use when they feel breathless.
- Reassure the patient during an episode of breathlessness. Find out how they like to be supported normally – for example, they might find it comforting if you hold their hand. Speak to the patient in a calming manner and offer reassurance that the episode will pass.
- Ensure the patient is positioned effectively to manage – i.e. Sitting upright means gravity can help the lungs expand. It also reduces pressure from the abdomen on the diaphragm.
- Sitting forward and resting the arms on a table or secure surface with the wrists relaxed helps the chest muscles to relax. This allows more air into the lungs.

Common medications used to treat causes of breathlessness and related symptoms can include...

Opioids

- Opioids are effective in treating breathlessness. If breathlessness is episodic (it comes and goes), oral opioids can be given to provide short-term relief. Oral opioids seem to be more effective than subcutaneous and doses are usually small i.e. 2.5mg – 5mg
- Small doses of Opioids can be used pre-emptively to reduce breathlessness prior to activities such as showering, attending to ADLs, or mobilizing longer distances
- Oxycodone can be used for patients with impaired renal function. If breathlessness is chronic, longer-acting morphine or oxycodone can be given.

Benzodiazepines

Lorazepam, diazepam, or Midazolam may help in anxious or fearful patients where other methods have failed. Midazolam can also be used when a patient is dying to treat any agitation secondary to their breathlessness

Bronchodilators

Salbutamol can be given via an inhaler or nebulizer. It relaxes the airways to allow more air into the lungs for patients with reversible airway obstruction

Corticosteroids

eg Dexamethasone – can be used to reduce inflammation in the airways and may be appropriate for specific patients

Antibiotics

If suspected infection, the use of oral antibiotics may decrease secretions and aid in comfort

Oxygen

Home oxygen can sometimes be used to help manage breathlessness and should only be used in hypoxic patients – if Oxygen <88-90% oxygen “may” have some benefits but it is not helpful for all patients

Resources for staff

[How do lung work?](#)

[Managing Shortness of Breath brochure – Hospice Taranaki resource](#)

[Te Ara Whakapiri guidelines for management of Breathlessness/dyspnoea at End of life](#)

**References

www.marie.curie.org.uk

The Palliative Care handbook 9th Edition, 2019, Rod MacLeod, Stephen Macfarlane

Upcoming Education

Palliative Care lecture series

4 May 2023:

Dignity in Palliative Care
Megan Best – Associate Professor
Institute for Ethics and Society,
The University of Notre Dame Australia

[Click here](#)

Time: 07:30am – 08:30am

Syringe Driver Competency

Wednesday 7 June: 1 pm – 3 pm

Syringe Driver Refresher

Wednesday 14 June: 1pm–2.30pm

[Click here](#)

BRAIN TEASER

Each month our newsletter will have a puzzle, activity or brainteaser. Submit your answers to [Paula](#)

Last month's brain teaser:

"A man pushes his car to a hotel and tells its owner that he is bankrupt. Why?"
He is playing Monopoly.

Congratulations to Brenda at Taurima Rest home again! Another prize is coming your way

This month's brain teaser:

What has cities, but no houses; forests, but no trees; and water, but no fish?