Managing breathlessness

Introduction

For most people, shortness of breath (dyspnoea) is only endured during periods of activities that require lots of physical effort. It is completely normal to get breathless in these situations, and is in fact good for you.



However, some people experience shortness of breath on a daily basis, even when not taking part in any physical activity. This is known as chronic breathlessness and can be distressing for the sufferer. This can also have an impact on the relatives/carers witnessing this symptom and feeling powerless or ill-informed to cope with this.

This booklet is designed for all people who are affected by breathlessness. It aims to provide different methods of relieving breathlessness in order to self-manage and improve quality of life. These methods can be used in isolation or in combination to compliment an individual's needs and lifestyle.

When we get breathless our anxiety levels are heightened and our body can perceive this as a threat or as being in danger. This then activates our body's 'Fight or Flight' response. More adrenaline is released into the blood from the adrenal glands in the kidneys and this can result in a combination of symptoms as illustrated below:

Fight or flight response symptoms

Inability to concentrate or focus

Dizziness or feeling light headed due to increased breathing rate

Dilated pupils can cause blurred vision

Hearing becomes more sensitive

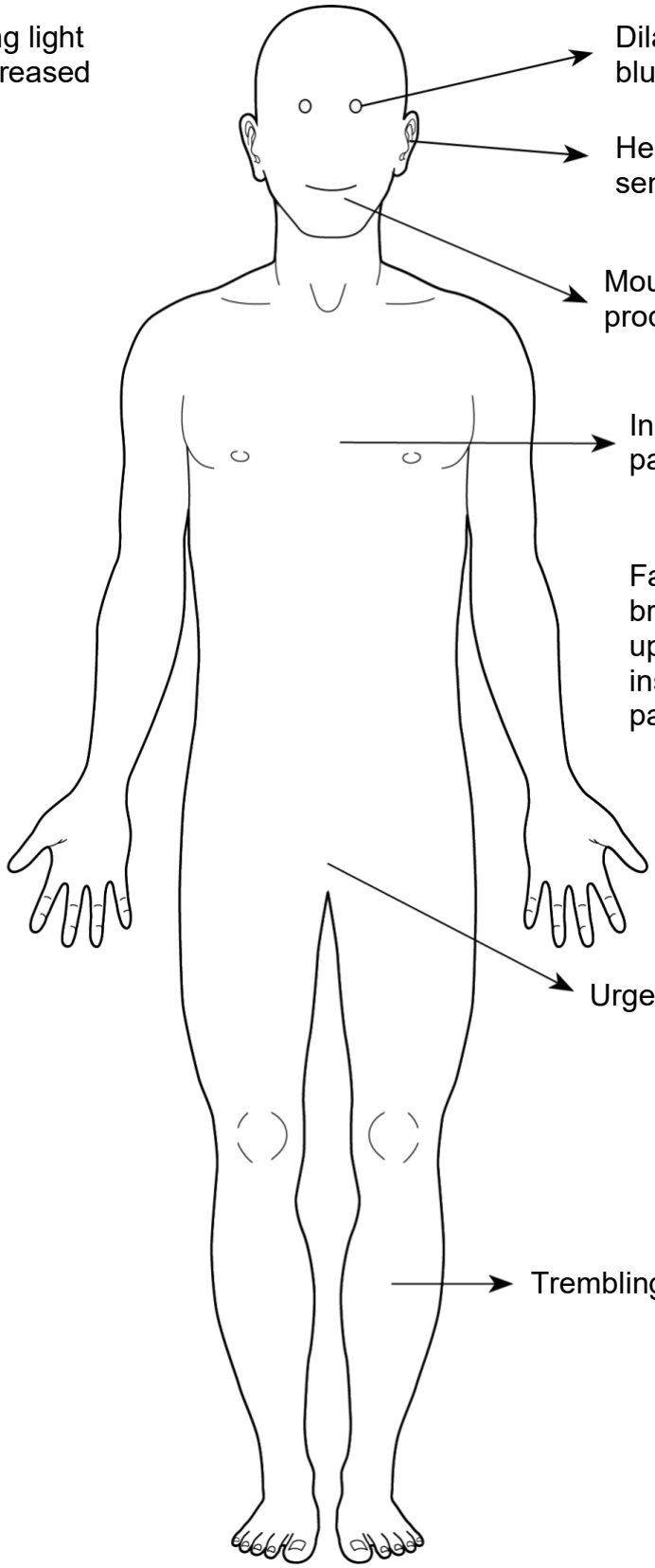
Mouth dries – saliva production

Cool, pale skin

Increase in heart rate/ palpitations

Fast breathing rate – breathing from the upper chest area instead of the lower part of the chest

Sweating



Urge to pass urine

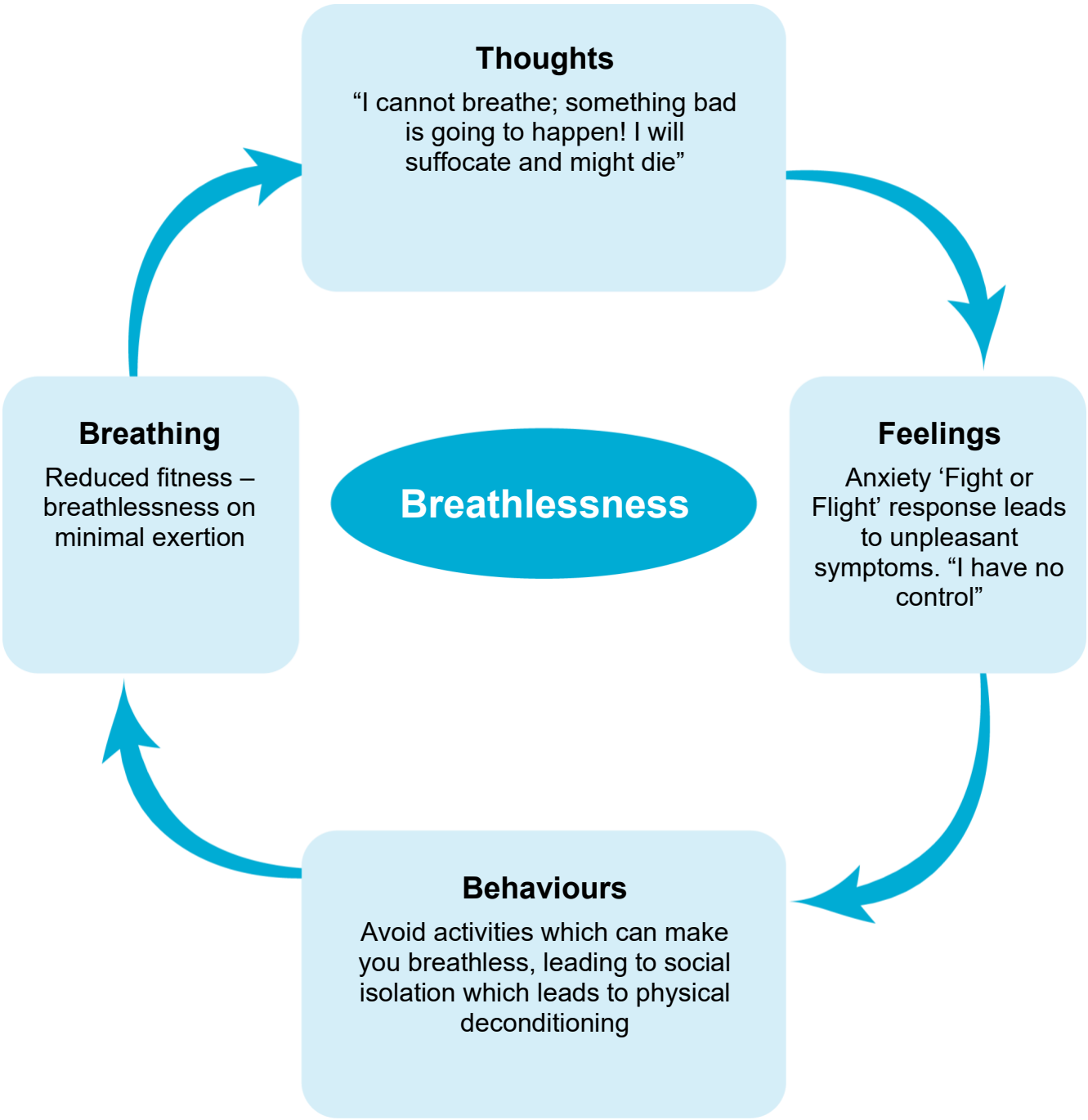
'Butterflies' – churning/nausea

Trembling/shaking legs

Tense muscles

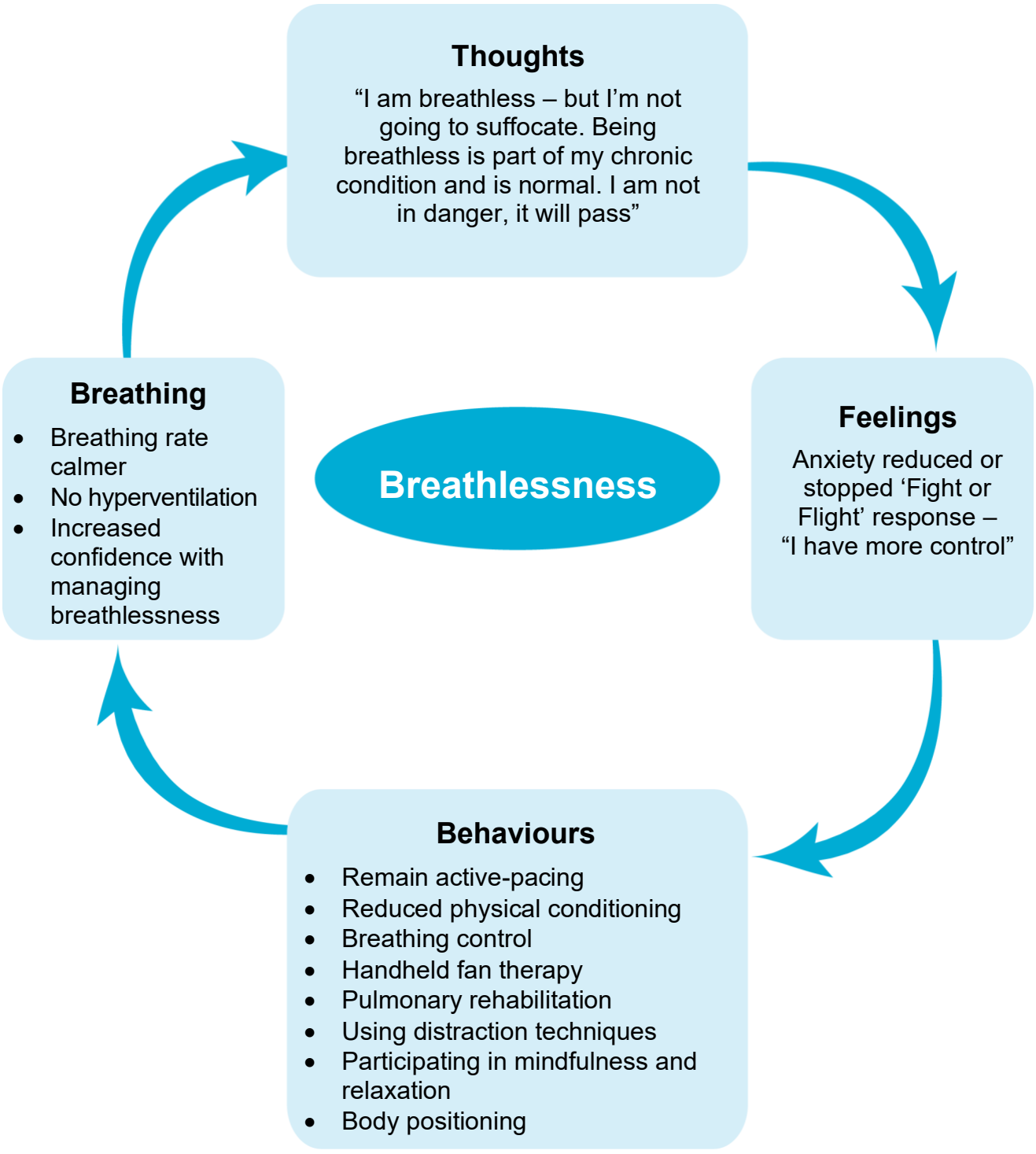
Vicious cycle of breathlessness

Negativity



Breaking the vicious cycle of breathlessness

Positivity



Exercise and breathlessness (dyspnoea)

It is completely normal to get breathless on exertion. Some people may experience this whilst playing with children or grandchildren or completing household chores; others may get breathless walking small distances around the home. In fact getting breathless during activity/exercise is good for us as it helps to keep our heart healthy. On reflection you may have seen athletes on the TV after a race being very short of breath. It is important to keep active, as avoiding exercise due to the fear of breathlessness can lead to inactivity and a downward spiral of deconditioning. Inactivity can lead to isolation, low mood and low self esteem.

The downward spiral of dyspnoea



Dyspnoea during activity/exertion/exercise

Avoidance of daily activities

Physical deconditioning resulting in reduced muscle strength

Dyspnoea during mild exertion

Further avoidance of activities which cause dyspnoea

Increased weakness with loss of stamina

Dyspnoea during simple everyday activities.
With high risk of becoming house bound

Inactivity can lead to isolation and low self-esteem

Pace yourself – don't try to do too much on a good day. Ask your GP or hospital team about joining a pulmonary rehabilitation class. This will allow you to exercise in a controlled, safe, environment run by professionals. You will also meet other people suffering with shortness of breath in a social context. There is lots of evidence based research which suggests that pulmonary rehabilitation reduces breathlessness and helps maintain a feeling of wellbeing. It can also give you a sense of achievement and confidence to continue to be active.

Sometimes it is not always easy to describe how breathless you are especially if you cannot speak in full sentences. Using the BORG score can help you demonstrate how your breathing is at any given time. This will help loved ones, carers, and your medical/nursing team know how much help and support you need.

BORG score

0	Nothing at all (just noticeable)
0.5	Very,very slight
1	Very slight
2	Slight
3	Moderate
4	Somewhat severe
5	Severe
6	
7	Very severe
8	
9	Very, very severe (almost maximal)
10	Maximal

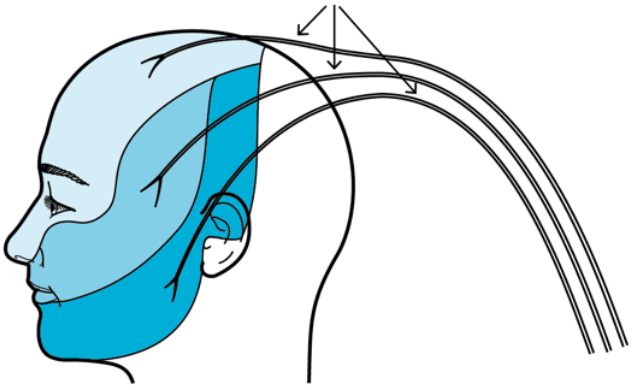
Handheld fan therapy

The feeling of cooling, fresh, moving air on the trigeminal nerve areas (nose, lips, and side of face) helps to reduce the feeling of breathlessness.

You may have already experienced this by opening a window or standing by an open door and by holding a handheld fan which is small and portable. By holding the fan 15–20cm from the nose and mouth, you can gain relief within a few minutes. This can help you feel as though you have more control over your breathlessness and enable a better sense of independence. If you prefer not to use a fan you can achieve similar cooling by using a damp face cloth or a mist spray.



Trigeminal nerve (V)



Other methods of treating/managing breathlessness

Smoking cessation

It is important if you smoke (even a few cigarettes) to get support and advice on helping you to quit. It is never too late to quit and this will help to maintain your lung function. You may have had a breathing test at your GP practice or hospital to demonstrate how well your lungs are working. Remember it may take several attempts to be successful but persevere.

Use of medications

Inhalers and/or nebulisers, oral tablets, capsules, liquids can help to open the airways. These can also help to bring up sputum and resolve chest infections (antibiotics and/or steroids). Some people may have these in a 'rescue pack' at home for emergencies. It is advisable to seek advice from a healthcare professional before commencing these.

Diuretics (water tablets) are used to clear excessive fluid which can be a symptom of heart disease.

Anti-anxiety/depressive medications such as Sertraline, Lorazepam or Citalopram may help if the sensation of breathlessness is causing fear and anxiety. You may also feel low in mood when living with a chronic illness.

Opioids such as Oramorph in small doses can help very severe breathlessness yet can increase the risk of constipation. Being constipated and bloated can lead to increased shortness of breath as your tummy can become swollen or distended. This can be treated with laxatives.

Oxygen therapy

A feeling of breathlessness does not mean that a person is lacking in oxygen. If your oxygen blood levels are normal then oxygen will have no benefit and can actually make you unwell. If a healthcare professional has found that your blood oxygen levels are low by you having a blood test or by putting a finger probe (pulse oximeter) on your finger, then they can refer you to a specialist oxygen team for an assessment. Oxygen can be delivered by a static machine called a concentrator for a minimum of 15 hours per day which is referred to as long-term oxygen therapy (LTOT). If you are trying to remain active, portable oxygen therapy may be indicated. This is called ambulatory oxygen therapy (AOT).

Control

When breathless you tend to breathe fast and shallow from the upper part of your chest. Learning to use controlled breathing which involves using your lower chest muscles and diaphragm will relax the breathing thus becoming more effective. Try practicing this technique when you are more relaxed to enable repetition. Hopefully you will feel more confident when using this method when you actually need it:

- Sit in a comfortable, supported position
- Relax your shoulders
- Place one hand on the upper chest and the other on your tummy
- Breathe in through your nose – you should feel your tummy expand
- Breathe out through your mouth – you should feel your hand falling gently with your tummy
- Continue with slow, relaxed breathing and you can feel the tension leave your body

When practicing this successfully your in breath should become shorter than your out breath. Ask your physiotherapist for more information about breathing control techniques and positioning.

Non-pharmacological methods

- Massage
- Aromatherapy
- Singing
- Meditation
- Visualization practice
- Acupuncture

Healthy nutrition and diet

Consider a calorie-controlled diet if you are overweight. Obesity can cause restriction of the lungs and worsen breathlessness. For someone who is breathless eating a full meal can seem almost impossible, therefore small meals and healthy snacks can be the answer to this problem. This is sometimes called ‘grazing’. It is important to discuss dietary requirements with your healthcare team in order to be provided with advice that is appropriate for you. Remember to keep hydrated and eat a balanced diet.

Walking aids

By using a walking aid such as a walking stick or rollator frame, shortness of breath can be reduced by providing a forward leaning position (increasing the efficiency of the chest muscles). This can give you confidence by becoming a means of support.

Aids to help activities of daily living (ADL’s)

- Helping hand to prevent unnecessary bending
- Perching stool, for use in the bathroom whilst drying off or in the kitchen for preparing food/drink
- Walking frame with a fitted tray
- Blue badge, which will allow you or a relative the opportunity of parking nearer to facilities for shopping, hospital visits etc

Planning goals

Now you have reviewed the methods of managing breathlessness it might be a good time to set some goals of what you would like to achieve, big or small. For example; being able to wash up, prepare vegetables for a family meal or walking to the local shops.

You have space here to write down some things that you would like to achieve. Remember to make your goals achievable! Discuss this with your family, carers and healthcare team so they are able to support you with your goals. Achieving your goals, however small, will make you feel positive about your condition and give you confidence to try other things.

'It is time to control your breathlessness not allowing this to control you!'

It can be difficult to remember all the things we want to ask at our appointments. Here is some space to write down any questions that arise. Please use the space below

Please use the space below to write down a plan

References

- Booth, S., Burkin, J., and Moffat, C. (2014). Managing Breathlessness in Clinical Practice. London: Springer.
- Booth, S., Moffat, C., Burkin, J., et al. (2011). Nonpharmacological interventions for breathlessness. Current Opinion in Supportive and Palliative Care, Vol. 5, pp. 77-86.
- Galbraith, S., Fagan, P., Perkins, P., et al. (2010). Does the Use of a Handheld Fan Improve Chronic Dyspnoea? A Randomized Controlled, Crossover Trial. Journal of Pain and Symptom Management, Vol. 39 (5), pp. 831-838.
- Heslop,K., Baker, C.R., Stenton, C., et al (2009). Using individualised cognitive behavioural therapy as a treatment for people with COPD. Nursing Times, Vol. 105 (14), pp. 14-17.
- Heslop, K., Newton, J., Baker, C., et al. (2013). Effectiveness of cognitive behavioural therapy (CBT) interventions for anxiety in patients with COPD undertaken by respiratory nurses: the COPD CBT CARE study: (ISRCTN55206395). BMC Pulmonary Medicine, Vol. 13 (62).
- Livermore, N., Sharpe, L. and McKenzie, D. (2010). Panic attacks and panic disorder in COPD: A cognitive behavioural perspective. Respiratory Medicine, Vol. 104, pp. 1246-1253.

Useful information

British Lung Foundation (BLF)

Motivational Mondays
Singing for Lung Health sessions with Helen Hayes. The sessions include relaxation and breathing exercises and also singing.
When: On Zoom every Monday from 10:30am to 11:15am.
Call: 0300 3030 253
Website: www.asthmaandlung.org.uk/groups-support/motivational-mondays

British Lung Foundation (BLF)

Feel Good Fridays
Chair based dance classes online
Website: www.asthmaandlung.org.uk/groups-support/feel-good-fridays

Carers UK

Birmingham City Council
Council House
Victoria Square
Birmingham, B1 1BB
Tel: 0121 303 1234
Email: acap@birmingham.gov.uk
Website: www.birmingham.gov.uk/info/20065/support_for_carers

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