



Symptom Management: Breathlessness

Breathlessness is a common symptom for patients with lung cancer and can be experienced at any time during the cancer journey. In order to successfully manage the breathlessness it is essential you are fully assessed for the cause of the symptom; then the appropriate management strategies can be implemented.

Breathlessness, or feeling short of breath, is also known as dyspnoea and can have many causes when someone has lung cancer. It can be a distressing and frightening symptom.

This leaflet will discuss the causes (why do you feel breathless) and how breathlessness can be managed/ improved. There are likely to be a number of health care professionals involved in your care and in helping to manage your breathlessness, particularly as breathlessness can have more than one cause in any one individual.

Please ensure your doctor and specialist nurse are aware of the problem as they will be able to assess you, give appropriate treatments and direct you to other health care workers who may be able to help.

Causes and management

Frequently it is difficult to know the cause of the breathlessness in a person with lung cancer and there is likely to be more than one cause. This is why an accurate assessment of the breathing and all other factors is vital. The assessment should take into account the physical and the psychological aspects of a person.

Some of the common possible causes are listed in the table below:

Underlying problem	Consider
Pleural effusion: This is an accumulation of fluid in the pleural cavity, usually confirmed by an x-ray or ultrasound.	Draining as much of the fluid as possible. Using pleural drainage systems. Prevent the fluid from coming back, pleuradesis. For persistent effusions some patients may be suitable for a permanent indwelling pleural drain.
Pericardial effusion: Involvement of the heart sac by the tumour can lead to fluid accumulating	Hospital specialist will assess if drainage of this fluid is safe and appropriate.
Chest Infections	Antibiotics
Pulmonary Embolus: This is a clot in the lung	Anticoagulation (thinning of the blood)
Anaemia	Iron medication Blood transfusion
Tumour obstruction: Sometimes the tumour can compress the airways and cause obstruction	A range of treatments may be available; these include: Radiotherapy Airway stents Laser treatments
Superior vena cava obstruction: Sometimes the tumour bulk can compress this blood vessel in the chest	Steroids and consider stent insertion
Lymphangitis: This is an inflammatory condition in the lungs caused by the cancer	Steroids
Exacerbation of underlying disease such as chronic obstructive pulmonary disease or heart failure	Treat the exacerbation appropriately
Anxiety and panic: This can be really common when experiencing breathlessness	Control of the anxiety and panic using strategies that may help (see below).

As there are so many potential causes, and any one individual may have more than one cause for their breathlessness, it is necessary to take a full history of the breathlessness experience, for example when it occurs, what makes it better or worse and using a scale to indicate level of breathlessness. A thorough evaluation is

Source: National Lung Cancer Forum For Nurses

important to ensure that correctable causes are addressed and that the appropriate drug therapies are optimised. Please ensure you inform your specialist nurse and doctor, who will do a full assessment.

Drug management

Drug therapies that can be used specifically for breathlessness in lung cancer include – oramorph, lorazepam, steroids, oxygen therapy, and nebulised therapies. Any or all of these drug therapies can be tried to assess if they ease breathlessness, which can lessen anxiety and help to prevent respiratory panic attacks. Your doctor or specialist team will discuss whether these drugs are suitable for you to try.

Non drug management

There are a number of ways of trying to help improve breathlessness without the use of medications; however, some people will require medications as well as the following strategies to get the maximum benefit with their breathing. Others may only require the following strategies. which include: - exploring your understanding of breathlessness; breathing retraining and control; coping strategies, including relaxation and anxiety management. Simple breathing exercises can be taught and practised regularly to help you to learn to breathe efficiently and in a controlled way. Also pacing yourself, prioritising activities and planning what you do each day can help to reduce the distress of breathlessness and make your breathing easier.

There are a number of websites giving very helpful information regarding managing breathlessness; however, a simple breathing technique will now be identified and there are links later in this chapter to other useful sites.

Breathing Techniques

Get into a comfortable position

When you feel breathless, it can help to get into a comfortable position that allows your shoulders and upper chest to relax and lets your diaphragm and tummy expand. This could be:

- sitting and leaning slightly forward with your forearms resting on your thighs
- sitting and leaning forward with your head resting on several pillows stacked on a table, and resting your arms on the table on either side of the pillows
- standing and leaning against a wall
- standing and leaning forward on to a secure surface

Breathe gently

Once you're in a comfortable position, try breathing in through your nose and out gently through your mouth. Some people find it helpful to breathe out through pursed lips – as if blowing out a candle. Focus on your breathing and count your breath in for three counts and out for four. If you find breathing in through your nose difficult, you can breathe through your mouth instead.

Source: National Lung Cancer Forum For Nurses

Controlled breathing

Breathlessness can cause you to breathe with the upper chest and shoulder muscles in a fast and shallow way. This can use up a lot of energy and tire you out.

An important part of managing breathlessness is learning a technique called controlled breathing, which uses your diaphragm and lower chest muscles. Controlled breathing can help you to relax and breathe more gently and effectively using lower chest breathing.

Practise these exercises when you're not feeling too short of breath. You'll then become familiar with them and can use them when you're more breathless.

1. Sit comfortably with your neck, shoulders and back well supported - an upright chair with armrests is ideal.
2. Relax your shoulders.
3. Place your hands on your tummy, just below your ribcage.
4. Give a little cough; the muscle you feel under your hand is your diaphragm.
5. As you breathe in, you'll feel your hands rising and being pushed out by your diaphragm and tummy muscles.
6. As you breathe out, your hands will sink down and in. Try to get a sense of breathing from around the waist rather than from your upper chest, and feel your lungs expand as more air is able to get in.

It may help to sit sideways to a mirror so you can see that your lower chest is moving.

Relax your shoulders and upper chest muscles

When you breathe out, feel your shoulders and upper chest relax. As you breathe in gently, keep your shoulders relaxed. If this is hard to do, ask someone to press down gently on your shoulders to help relieve some of the tension.

Breathe in slowly and out gently, feeling your upper chest muscles relax more and more with each breath out.

It can take a bit of time to get used to these exercises. Try not to force the exercises or expect instant results. Aim for a gradual change from breathlessness to controlled breathing.

Complementary therapies that help you relax may help you manage your breathlessness.

Smoking

Smoking makes breathlessness worse and contributes to many actual and/or potential health problems. There are a number of medications that can be used to help with smoking cessation and there may also be specialist smoking cessation clinics in your local area to help you to quit smoking. Your GP's surgery can advise

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you of these services. You may also wish to discuss smoking cessation with your lung specialist nurse.