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Australian Government

Department of Health and Ageing

## Introduction

Breathlessness is a sensation that occurs when the brain senses that the body isn't getting enough oxygen. Everyone is familiar with this feeling when they have been pushing themselves hard during sport or activities which require a lot of effort. In healthy people, the feeling of breathlessness goes away after a rest, as we 'catch our breath'. This same feeling of 'hunger for air' can trouble many people with life-limiting illnesses when only exerting themselves a little bit or even when they are lying still and not exerting themselves at all. This is primarily due the inability of the lungs to take in enough air with each breath, or because not enough of the oxygen in each breath is able to cross over into the bloodstream and be delivered to where it needs to go in the body.

There's a range of disease-related problems that contribute to a sense of breathlessness (eg, tumours in the lung, infection and/or the long-term effects of smoking), and because there is often more than one contributing cause, it can prove to be a difficult symptom to manage effectively.

It is important to recognise that although breathlessness is triggered by real physical problems related to disease, it is primarily a sensation and therefore very susceptible to the effects of fear and anxiety. Anxiety can readily cause breathlessness to spiral out of control. People who cannot get enough breath can easily get frightened and panicky. This in turn can make them feel more short of breath ... and so a breathlessness-anxiety spiral may begin.

## What to expect

For many people, the problem of breathlessness is gradual and because it creeps up on them slowly, they may not even notice that they have to work harder to breathe or that they take longer to recover their breath after periods of exertion. Early recognition of this symptom can give the care team the best chance of treating reversible problems and time to build up an effective package of treatments and strategies to manage breathlessness into the future.

The sudden onset of an episode of severe shortness of breath can be frightening for both the person experiencing it and those caring for them. Knowing what to expect may make such an episode less disturbing. In severe episodes you may see some or all of the following:

- Lots of effort by the muscles of the chest to take in large breaths (seen also in the work done by the muscles of the stomach and the neck and shoulders).
- The skin around the mouth and nail-beds may become tinged with a blue-ish colour.
- Thick and discoloured phlegm or sputum that proves difficult to bring up with coughing.
- Flaring of the nostrils when taking air in.
- Moist or rattly sounding breathing.
- Considerable effort by the person to sit as upright as possible, and an inability to finish sentences.
- Considerable difficulty for the person experiencing the breathlessness to focus on other things, and a tendency to become progressively more exhausted, distressed, irritable and/or agitated.

## Caring for someone experiencing breathlessness

Oxygen therapy is often used as a means of increasing the amount of oxygen taken in with every breath. This option may or may not be helpful in easing breathlessness, and its usefulness needs to be assessed by the specialist doctor in your care team. If prescribed, a machine called an 'oxygen concentrator' can be supplied which produces

oxygen continuously and can be used 24 hours a day for people who need it. A length of plastic tubing is connected to the supply at one end and 2–4 litres of oxygen per minute is delivered via two short prongs that sit just inside the nostrils and which are hooked around the ears to keep them in place. Mobile cylinders of oxygen can be used for short periods when a person is moving around or away from their place of care. The nurse in your team and the suppliers of the equipment will explain all that is needed to know about the safe use and maintenance of oxygen concentrators and cylinders.

The medication that serves as the keystone for managing breathlessness is Morphine (or one of the other drugs in the group of strong Opioids to which Morphine belongs). Morphine has a role in managing moderate to severe cancer pain, but also has a role in the management of breathlessness, even for people who have no pain. It is available in a syrup or tablet form. Used properly and monitored carefully Morphine can be relied on to ease the sense of unrelieved 'hunger for air' that afflicts people who are suffering from breathlessness. It does not have an effect on the functioning of the lungs themselves, but instead works by 'dampening down' the centre in the brain responsible for the sensation of breathlessness. In the right doses and with care it will not have any adverse effects on people who are not allergic to it, and can be relied on as an effective means of relief from the distress of breathlessness. Other medications for easing anxiety can also have a role in overcoming the breathlessness-anxiety spiral. Discuss these options and any concerns or questions you may have about them with the nurse or doctor in your care team.

The most important features of any plan to manage breathlessness revolve around training the person experiencing breathlessness to increase their control over their breathing and in the emotional support and practical steps that can be taken by their carers to help them when they are experiencing episodes of breathlessness. Strategies may include:

- Helping them into a position that makes breathing easiest. Lying someone flat in bed usually makes breathlessness worse. Usually sitting up straight is best. In bed this can be achieved with the aid of pillows. Another helpful position involves leaning forward over a high table, positioned next to or across a bed, with the head resting on crossed arms. Recliner chairs can be useful for keeping the person in a semi-upright position and may serve as a better place to sleep rather than a bed.
- Helping them adjust their daily routines to accommodate the limitations imposed by breathlessness. They may have to set some tasks aside, while other tasks will need to be broken down into more manageable steps or phases (for example they may need to have a chair placed half-way down a long hallway so that they can rest for a few minutes

on the way to the toilet or other parts of the house). Concentrate on changing those activities that cause most breathlessness first. The nurse, physiotherapist or occupational therapist in your care team will be able to provide you with suggestions and assistance.

- Open a window and pull back the curtains to reduce the sense of being closed in. Caring for someone in a large family room with a view is also helpful. Put on a fan to aid the circulation of air and make the room feel a bit breezy.
- Explore with the physiotherapist or nurse in your care team breathing techniques and exercises that give them a greater sense of control over their breathing. For best results these techniques need to be built up over time and with practice (3-4 times a day). They will bring benefits even if learnt in the later phase of illness.
- A wide range of distraction and relaxation techniques (such as soothing music) can be helpful in diverting people from the breathlessness-anxiety spiral. Explore some of these strategies with the nurse in your care team.
- In cases of acute breathlessness try and maintain a calm and reassuring manner, and try not to let any of your own anxieties compound their anxiety.
- Seek help from the care team in advance, so as to ensure that you can offer as wide a range of useful resources and proven strategies as possible. Sometimes simple steps taken early can prevent an episode of breathlessness from spiralling out of control and other times all of your resources will be tested to bring breathing back under control.
- Don't hesitate to call on members of your care team for advice if you need more help and for reassessment of the problem if you think that there are new problems contributing to breathlessness or if breathlessness is getting worse.

### Acknowledgement

The producers of this fact sheet acknowledge the Palliative Care Council of South Australia for the source material from which part of the contents of this fact sheet was drawn.

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### Disclaimer

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This information should be read in conjunction with the advice provided by your palliative care team.