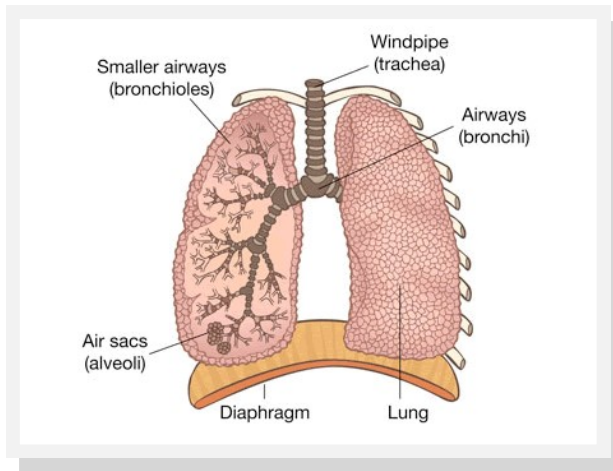


Breathlessness



Information for Patients & Relatives



What is breathlessness?

Breathlessness is a common symptom associated with some types of cancer, heart failure and chronic lung conditions.

It affects your ability to carry out everyday tasks and can be an extremely distressing sensation. Whilst breathlessness in itself is not harmful, it can cause feelings of panic and anxiety.

This booklet will provide you with information and advice on helping you to cope with breathlessness.

This booklet is intended to be used as a guide, having been assessed by your Physiotherapist. Contact numbers can be found at the back of this booklet.

Causes of breathlessness

There are some causes of breathlessness which can be treated.

Low red blood cell count (anaemia): You may feel breathless if the level of red blood cells in the blood is low. This may be treated with a blood transfusion.

Chest infection: This may cause you to experience a high temperature, pain in the chest, a cough which may produce green phlegm and breathlessness. This may be treated with antibiotics.

Fluid in the lungs/abdomen (pleural effusion/ascites): There may be excessive fluid in the lining surrounding the lungs or in the abdomen that can affect the expansion of the lungs, causing breathlessness. If appropriate this fluid can be drained.

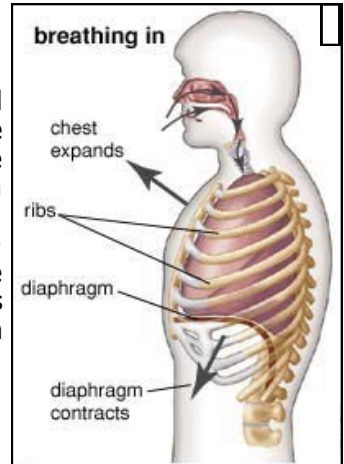
Blood clot in the lung (pulmonary embolus) : This is a blood clot affecting the lung and causes sudden breathlessness and pain in the chest.

Contacting your GP regarding any of the symptoms above allows assessment and treatment of any reversible causes of breathlessness.

How do we breathe?

Breathing in (inspiration)

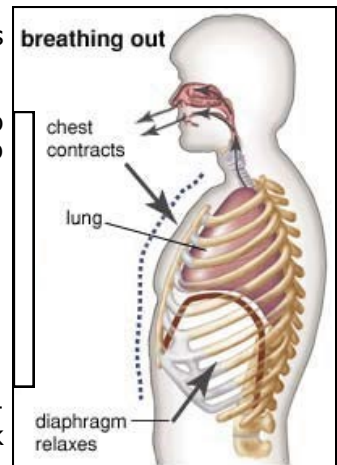
The diaphragm is a large dome shaped muscle at the base of the ribs. As the diaphragm contracts it flattens. At the same time, intercostal muscles between the ribs contract and raise the ribs 'up and out'. The bigger space created by these actions causes air to be drawn in to the lungs creating a breath in. This action is automatic and under control of the brain and nervous system.



Breathing out (expiration)

The diaphragm and intercostal muscles relax, and air leaves the lungs passively.

If you need to breathe out forcefully eg; to cough, abdominal muscles are also used to force air from the lungs.



Accessory respiratory muscles

These are muscles at the neck and shoulders normally used for movement of neck and arms. However, if you are breathless, these muscles will work to increase the volume of air you can draw in to the lungs.

Positions for easing breathlessness

There are some positions which are particularly helpful to ease breathlessness.

They allow free movement of the diaphragm and best use of the "accessory" respiratory muscles to draw in more air, to help you gain control of your breathing.



You can adopt these positions when you feel breathless after exerting yourself. Some are also suitable for when you become breathless when you are 'out and about'

High side lying with pillows can be a comfortable resting position for easing breathlessness.



Breathing techniques

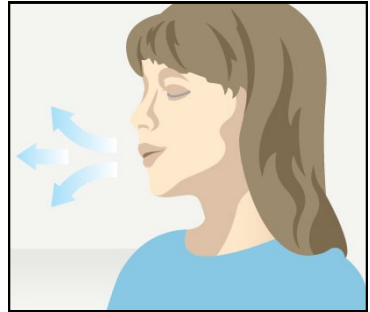
You can achieve greater control of your breathing by practicing a method that makes the breathing more relaxed, gentle and efficient.

Remember that **the speed of your breathing is not important** – you don't need to slow down the breathing, but as you gain control of your breathing, it will start to slow.

- ◆ Rest in a comfortable position eg: sitting in a high backed chair or propped up in bed with pillows.
- ◆ Rest the palm of your hand at the top of your stomach just below the ribs
- ◆ Breathe in gently through the nose, feeling your hand rise up as the air moves into the lungs
- ◆ Sigh out through the mouth, aiming to sigh out for twice as long as the breath in
- ◆ Practice this 5-6 times , several times a day

“Pursed lip” breathing

It is helpful for some people, when carrying out breathing control exercises, to narrow the lips. This slows the outflow of air, creating a ‘back-pressure’ in the lungs, keeping airways open. If this is your normal pattern, it should be continued.



- ◆ Breathe in through the nose as normal
- ◆ Breathe out through ‘pursed lips’ aiming for your breath out to be twice as long as your breath in

These techniques can be discussed with the physiotherapist at Accord.

Breathing and moving

Using the breathing techniques mentioned can help you manage your daily tasks, along with some other helpful tips. You should avoid rushing to try and get tasks done quicker, as you will only feel more exhausted. It is also helpful to plan ahead and prioritise. This will also help you to conserve energy for those things you enjoy or need to do the most.

- Blow out as you make any effort. For example if bending down, first breathe in and blow out as you bend. Use a reacher if you have one.
- On stairs, take a breath in then blow out as you step up. Time the stairs with your breathing at your own pace.
- Try to sit for any tasks that you can eg: washing, shaving, preparing food.

Breathing and moving contd.

- Make use of aids which may have been provided by your Occupational Therapist for eg: dressing, reaching, showering
- Eat smaller, more frequent meals, in smaller mouthfuls and avoid anything which is difficult to chew.
- Avoid sitting directly under the shower and if possible, try to keep the bathroom ventilated to avoid the build up of steam.

Fans

You may find it helpful to use a small handheld or standing fan, or open a window, to allow a gentle, cool draught around you.

Avoid pointing the fan directly at your face, it is better to have it at your side blowing across in front of you.



Oxygen

Oxygen therapy is not used as treatment for breathlessness, but only when levels of oxygen in the blood are low. This would be assessed by medical staff if appropriate.

Relaxation

Relaxation is helpful in reducing feelings of anxiety, allowing you to rest and feel in control of your breathing.

There are a number of different types of relaxation - your physiotherapist or occupational therapist will be able to discuss these with you.



Exercise

There is a tendency when you are breathless to avoid exerting yourself when possible. This lack of activity causes muscles to become gradually weaker. This weakness means that movement becomes less efficient and more effortful, which in itself causes more feeling of breathlessness.

This becomes a vicious circle of inactivity and breathlessness. An appropriate graded exercise programme allows you to break this cycle by gradually strengthening muscles, making movement more efficient. This in turn increases your tolerance for exercise without the associated increase in breathlessness, allowing you to maintain your function, independence and sense of wellbeing.



Your physiotherapist can discuss this and design a suitable programme for you.

Sexual Relationships

As sex requires energy and increases demand on the heart and lungs, you may have concerns about its effect on your breathlessness.

As with any other activity, adapting and planning can help, for example you may have identified a time of day when you are feeling more rested, rather than waiting until you may be more fatigued later in the day.

There are different positions which may place less strain on your breathing and encourage relaxation. (You can find more information on blf.org.uk)

Quick Guide

- ◆ Don't worry about the speed of your breathing
- ◆ Find a good position for relaxed breathing control
- ◆ Practice breathing control exercises regularly
- ◆ Breathe in through the nose if possible and sigh out through the mouth
- ◆ Achieving breathing control is a key element of promoting relaxation



Participation

We value our patients and families participation in developing the services we provide, listening to what you have to say and taking the appropriate action as required.

If you wish to participate please visit the participation section within our website www.accordhospice.org.uk

If you do not have access to the internet please request a leaflet.

Suggestions, Comments & Complaints

If you have any suggestions, comments or complaints about how the service can be improved, please speak to a member of staff.

If you are not satisfied with the response, please discuss your concerns directly with the Chief Executive at ACCORD Hospice:

Jacki Smart
0141 581 2000

Should you feel that your complaint has not been resolved by ACCORD Hospice, you may contact Healthcare Improvement Scotland (HIS) directly, at any stage:

Edinburgh Office:
Gyle Square
1 South Gyle Crescent
Edinburgh EH12 9EB
0131 623 4300

Glasgow Office:
Delta House
50 West Nile Street
Glasgow G1 2NP
0141 225 6999

Email: hcis.complaints@nhs.net

www.healthcareimprovementscotland.org

If required this leaflet is available in other languages & formats
