Northern Health Palliative Care

Tips on Managing Dyspnea

- Dyspnea is the subjective experience of difficult or uncomfortable breathing.
- Frequency of dyspnea is high in patients with end stage COPD, CHF or cancer.
- Causes are often multi-factorial, involving complex interplay between the lungs and brain.
- Benzodiazepines ALONE are not recommended to treat dyspnea.

1. **Screen for dyspnea** regularly by asking patients with advanced disease, “How is your breathing?” and have them rate their dyspnea on a scale from 0-10 or complete an ESAS. Document your assessment for team communication and to establish a patient specific baseline/history. Self-reporting is the only reliable measure.

2. **Confirm diagnosis** by completing a full history using the symptom assessment acronym O-V and a physical assessment. Consider the patient’s goals of care, PPS and disease burden. If congruent with patient goals-of-care, consider imaging, bronchoscopy, ultrasound, spirometry, bloodwork/ABG’s, etc.

3. **Manage** by taking into account the **patient’s goals of care** and PPS (Palliative Performance Status). Management should involve doing A, B and C simultaneously.

A. **Identify & treat underlying causes:**
   Anemia, CHF, tumour, emboli, effusions, infection, obstruction, COPD, hypoxia, etc.

B. **Manage Symptoms**
   **Non-pharmacological:**
   Breathing techniques, positioning, airflow/fan(s)
   **Pharmacological:**
   Opioids are recommended as a first line pharmacological treatment for dyspnea. Opioids should be ordered PO/SC around the clock with a break through dose. Titrate opioids to effect. *In frail, opioid naïve or patients with COPD, start with small doses and TITRATE slowly*. Consider **adding** an adjuvant if dyspnea severe / pre-existing anxiety disorder (Eg. nozinan, lorazepam, steroids etc).

C. **Educate and discuss** treatment benefits/burdens with the patient, family and caregivers. Clarify and discuss fears and misconceptions.

References:
- BC Centre for Palliative Care (2017). B.C. Inter-professional Palliative Symptom Management Guidelines.