

## Top Tips: Breathlessness



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Persistent and disabling breathlessness is a common condition that is a strong prognostic indicator for hospitalisation and premature death. It is easily missed. People describe feeling embarrassed about it and they gradually withdraw from activities where attention may be drawn to it and become increasingly deconditioned. Many consider it a sign of aging rather than something that can be treated. These episodes can be punctuated by acute worsening of a chronic problem or can represent a new problem.

1. 10% of the adult population have chronic breathlessness but less than half have this problem recorded – Make the MRC breathlessness score part of your annual health check so that it is detected earlier. It is sensitive for non COPD causes too<sup>1</sup>
2. 80-90% of people with COPD have another long term condition that could also be making them breathless – Do an annual breathlessness review at the same time as the annual COPD or Heart Failure review so that you are regularly ruling out other causes<sup>2</sup>
3. Use a breathlessness assessment algorithm (e.g. [http://www.impressresp.com/index.php?option=com\\_docman&task=doc\\_download&gid=101&Itemid=82](http://www.impressresp.com/index.php?option=com_docman&task=doc_download&gid=101&Itemid=82)) designed by peers and experts. It will help you reach a more complete and accurate diagnosis and allow you to feel more confident in dealing with the problems identified. Two-thirds of causes will be cardio-respiratory<sup>1</sup>
4. Assume that people who are breathless experience anxiety and fear regardless of cause. The question is how much and how to intervene. Measure using an anxiety and depression score and refer or treat accordingly
5. Have and use a pulse oximeter to aid assessment of acute breathlessness. It is cheap and easy to use. A new finding of oxygen saturation of <92% requires emergency assessment.
6. Hyperventilation and other breathing pattern abnormalities can co-exist with other causes of breathlessness as well as be a problem in their own right. If your patient with asthma isn't responding to treatment, consider a review using the SIMPLES algorithm and whether a respiratory physiotherapist can help.<sup>3,4</sup>
7. Chronic breathlessness may be due to factors such as low fitness and being overweight or obese. If you have excluded other causes using a robust agreed local algorithm (e.g. [http://www.impressresp.com/index.php?option=com\\_docman&task=doc\\_download&gid=101&Itemid=82](http://www.impressresp.com/index.php?option=com_docman&task=doc_download&gid=101&Itemid=82)) then consider offering physiotherapy, psychology, physical activity and dietary interventions according to priority and patient choice. This may achieve better outcomes than a referral to a secondary care cardiorespiratory specialist.
8. Oxygen is not a treatment for breathlessness. Cooling airflow to the face – a fan - is an effective therapy for breathlessness. If pulse oximetry in the non-acute situation is regularly less than 92% or there is a drop of more than 4% on exercise refer to a home oxygen assessment and review (HOSAR) team for advice.
9. Daily disabling breathlessness with minimal activity needs treating as much as each individual cause – Do you have a breathlessness support service locally? If not then ask your palliative care team for advice or ask your commissioners whether they are considering it.<sup>5</sup>

### References

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3. Ryan D, Murphy A, Stallberg B, Baxter N, Heaney L. G. SIMPLES: a structured primary care approach to adults with difficult asthma. *Prim Care Respir J* 2013;**22**(3):365-73.
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