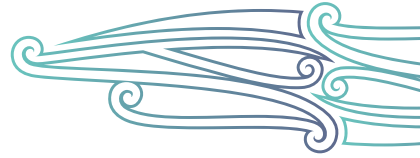


# Approach to breathlessness (dyspnoea)

## Tūngāngā



The information in this guide is accurate to the best of our knowledge as of June 2023.

### Definition

**Breathlessness (dyspnoea)** is the difference between the demand to breathe and the ability to breathe (Mahler 2017). To observe it, watch how hard a person works to catch their breath (work of breathing) and count the number of breaths per minute. It is a frightening symptom and has a significant impact on how a person feels and functions.

### Key points

- People with dyspnoea are more likely to be admitted to hospital than those with other symptoms (Johnson et al 2016).
- Common causes of breathlessness in older adults are (Mahler 2017):
  - respiratory (infection or chronic obstructive pulmonary disease)
  - cardiac (heart failure, myocardial infarction, angina)
  - anaemia
  - psychological (anxiety, panic)
  - imminent end of life (predicted/diagnosed dying).

### Why this is important

Breathlessness is a strong predictor of mortality (Mahler 2017). It tends to increase in the last few months of life regardless of condition and is an indicator of worsening health and reduced survival (Johnson et al 2016). It is common in older people and often has cardiac or respiratory causes (van Mourik et al 2014).

### Implications for kaumātua\*

Breath and breathing are significant in Māori culture. [Te reo Māori](#) has several words for breath, many of which link breath and breathing to [te taiao](#) (the natural world) and to Māori creation stories. While these cultural constructs do not change the occurrence, cause or treatment of breathlessness, it is important to understand them because experiencing breathlessness may contribute to anxiety or [wairua](#) (spiritual) unrest (see the *Guide for health professionals caring for kaumātua* | *Kupu arataki mō te manaaki kaumātua* guide for more information).

\* Kaumātua are individuals, and their connection with culture varies. This guide provides a starting point for a conversation about some key cultural concepts with kaumātua and their whānau/family. It is not an exhaustive list; nor does it apply to every person who identifies as Māori. It remains important to avoid assuming all concepts apply to everyone and to allow care to be person and whānau/family led.

## Assessment

Use a tool to gather a systematic and structured report of breathlessness. It is helpful to use OLDCARTS-ICE (adapted from Bickley 2017) selectively when exploring breathlessness.

### OLDCARTS-ICE

Explore	Questions/actions
<b>Onset</b>	When did it start? <i>(Be as accurate about date and time as possible.)</i> Did it start suddenly or gradually? What (if anything) stimulated it? <i>(What was happening? What was the person doing?)</i> Has something similar happened in the past? If so, what worked and what happened?
<b>Duration</b>	How long does it last? Is it continuous or intermittent? How often does it occur?
<b>Characteristics</b>	What does it feel like? <i>(Get a description.)</i> <ul style="list-style-type: none"> <li>• 'Hard work to catch breath' is reported in respiratory and cardiac disease.</li> <li>• 'Tight' often refers to constricted airways, more common in asthma than COPD.</li> <li>• 'Can't catch my breath' is more common in COPD.</li> </ul>
<b>Associated symptoms</b>	Explore physical signs: <ul style="list-style-type: none"> <li>• cough, mucus and wheeze</li> <li>• chest pain and palpations</li> <li>• lower leg oedema (or if bed bound, sacral oedema).</li> </ul> Explore emotional signs: <ul style="list-style-type: none"> <li>• anxiety or wairua (spiritual) unrest.</li> </ul>
<b>Relieving and aggravating</b>	What makes it better? What makes it worse? <ul style="list-style-type: none"> <li>• Is it worse when lying flat?</li> <li>• Do you wake at night suddenly short of breath?</li> </ul>
<b>Treatment</b>	If chronic, are usual treatments working? <ul style="list-style-type: none"> <li>• Do you need or are you using more pillows to prop you up at night?</li> <li>• Have you started sleeping in a La-Z-Boy armchair to catch your breath?</li> </ul>
<b>Severity</b>	How bad is it? <i>(Use a scale – see the Medical Research Council dyspnoea scale below.)</i>
<b>Impact</b>	Have you stopped or started doing something due to SOB?
<b>Coping</b>	Fear and anxiety are common with SOB.
<b>Expectation</b>	Think about goals of care and what treatments are possible in your facility. <i>(Health professionals, patient and whānau/family differ in their expectations and priorities.)</i>

COPD = chronic obstructive pulmonary disease      SOB = shortness of breath.

## Assessment tool for chronic breathlessness specifically

The Medical Research Council dyspnoea scale is a widely used rating scale with five levels (van Mourik et al 2014):

1. Breathless with strenuous exercise
2. Short of breath when hurrying on the level or up a slight hill
3. Walking slower than people of the same age because of breathlessness
4. Stopping for breath after walking 100 metres or after a few minutes on the level
5. Too breathless to leave the house.

## Treatment

### Minimise risk of developing breathlessness

- Offer immunisations (influenza, COVID-19, pneumococcal).
- Use infection prevention and control measures (minimise exposure to others with respiratory illness).
- Support safe swallow techniques and positioning (refer for swallow deficits).
- Manage frailty.
- Support correct use of prescribed medications and inhaler technique.

### Manage respiratory medication

- For inhaled medication, regularly review patient's technique and equipment.
- For anti-anxiety medication, support its use along with non-pharmacological interventions.
- Discuss with prescriber and patient the use of opioids for managing respiratory drive.
- For diuretic therapy, closely monitor body weight.

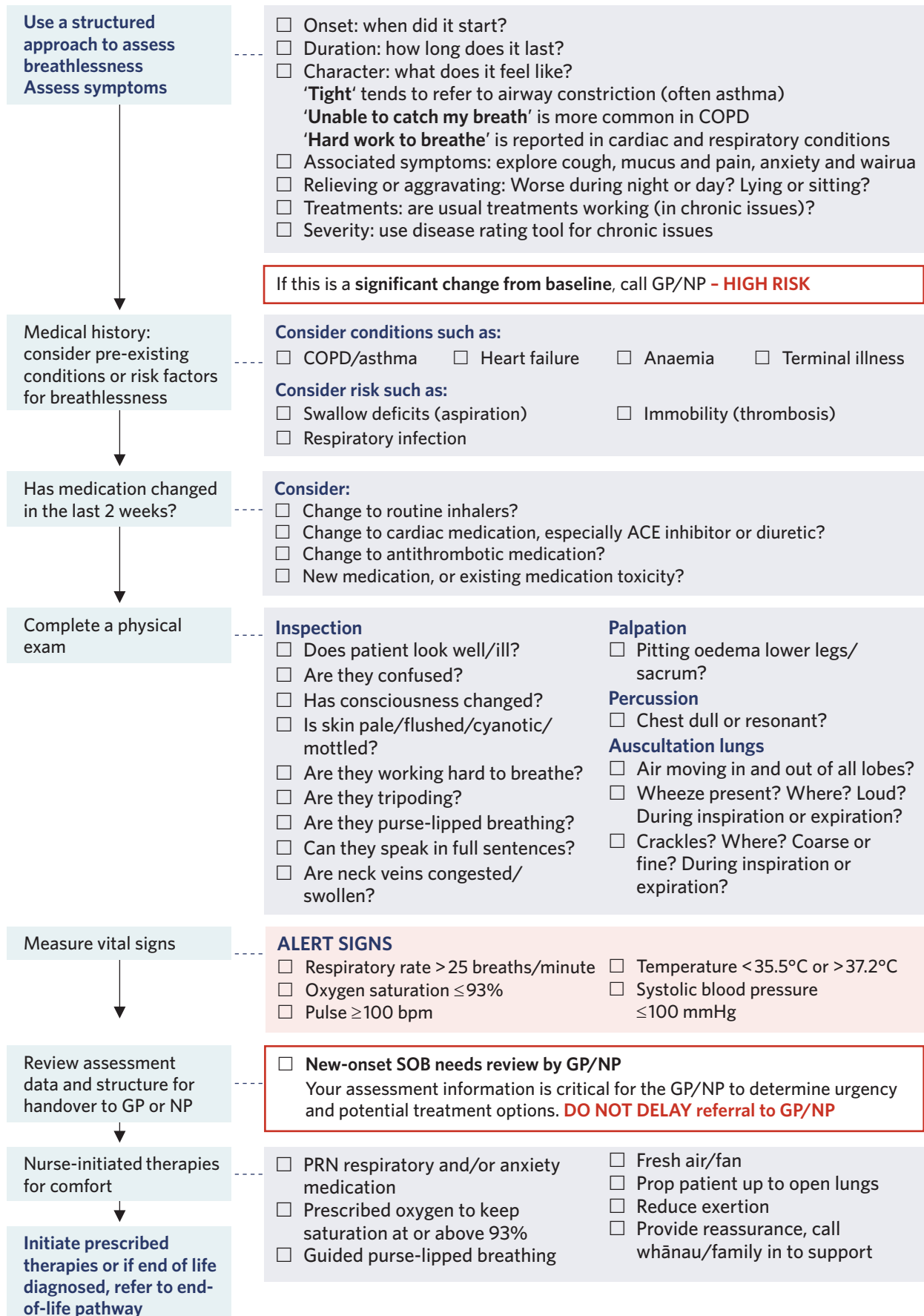
## Care planning

A patient-centred approach to chronic breathlessness is recommended. Prioritise daily activity. Use the multidisciplinary team and [whānau](#)/family to address impacts of and impact on breathlessness, including physiological, psychological, whānau/family and spiritual aspects.

**Non-pharmacological approaches** include:

- listening to the person's concerns
- engaging whānau/family and spiritual support
- encouraging distraction and relaxation through music, reading and diversional therapy
- keeping the person moving at a level appropriate to them (from walking to repositioning in bed)
- supporting them to eat well, as maintaining strength and eating favourite foods improves mood
- supporting sleep
- providing person-specific complementary therapies such as massage, aromatherapy and/or pet therapy
- providing culturally informed complementary therapies such as [te ao Māori](#)
- breathing exercises ([Hikitia te Hā: www.allright.org.nz/tools/hikitia-te-ha](#)) and/or [waiata](#) (singing) to promote breath control
- whānau/family or a cultural advisor may recommend other therapies.

## Decision support



ACE = angiotensin-converting enzyme bpm = beats per minute COPD = chronic obstructive pulmonary disease

GP = general practitioner NP = nurse practitioner PRN = as needed (pro re nata) SOB = shortness of breath

## References | Ngā tohutoro

Bickley LS. 2017. *Bates' Guide to Physical Examination and History Taking* (12th North American ed). URL: [www.amazon.com/Bates-Physical-Examination-History-Taking/dp/146989341X](http://www.amazon.com/Bates-Physical-Examination-History-Taking/dp/146989341X).

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