Non Pharmacological Breathlessness and Fatigue Management
Breathlessness
BREATHELESSNESS

• “Breathlessness is the **subjective** sensation of breathing discomfort that varies in intensity”
  Thoracic Society

• “Dyspnoea- Difficult uncomfortable or laboured breathing, or when an individual feels the need for more air.”

• “Breathlessness- undue or excessive awareness of breathing. It is a perceived sensation of a usually unconscious function.”

  * Oxford handbook of Palliative care 2006*
The experience derives from interactions among multiple physiological, psychological, social and environmental factors and may induce secondary physiological and behavioural responses.
Probably the most common symptom in heart failure

60 to 95% of COPD sufferers experience breathlessness

45 to 90% of lung cancer patients experience breathlessness

Up to 70% of palliative care patients suffer with breathlessness at any one time.
BREATHLESSNESS

- Inefficient technique
- Using accessory muscles
- Hyperinflation
- Increased respiratory rate

BREATHING

- Anxiety
- Distress
- Feeling of panic
- Uncertainty
- Frustration

THINKING

FUNCTIONING

- Lack of social support, Isolation
- Deconditioning
- Reduced activity

Cambridge Breathless intervention service
Management

- Treat reversible causes
- Non drug approaches
- Drug approaches
• Massage
• Facial cooling, fan
• Breathing exercises
• Pursed lip breathing
• Singing
• Inspiratory muscle training
• Chest clearance techniques or Cough suppression
• Non invasive ventilation

FUNCTIONING

• Adapting lifestyle
• Positioning
• Fatigue management
• Pacing
• Pulmonary rehab
• Exercises: quadriceps strengthening
• Walking aids

THINKING

• Repeated reassurance and support
• Explain what is happening
• Massage
• Acupuncture
• Relaxation visualization
• CBT
• Mindfulness
• Hypnosis

BREATHING

SIGNALS TO BREATH

0
100
Examples!

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If you are more breathless, especially on activity, use ‘rescue breathing’ to help regain control of your breathing pattern.

STOP, POSITION

DON’T FIGHT but breathe with yourself, allow the breaths out to become longer as you settle.

Use the techniques that work for you to help your breathing settle.
PURSED-LIP BREATHING

Exhaling through partially closed lips
RECOVERY BREATHING

If too breathless or anxious to manage breathing control:

- Fan
- Forward lean position
- Focus on longer out breaths
RECTANGULAR BREATHING

• Focus on any rectangular shape you can see or feel, e.g. window, door, television, credit card
• Breathe out as you follow the long edge of the rectangle with your eye or your finger
• Breathe in as you follow the short edge with your eye or your finger
• Repeat as you follow the long and then the short edge again
POSITIONS TO EASE TO MANAGE BREATHLESSNESS
1. Recognise that you are starting a breathlessness episode or panic attack
2. Sigh out
3. Breathe in
4. Breathe out gently, concentrate on the breath out
5. Stretch fingers and wrists fully then let them relax

Repeat
Pharmacological Interventions

- Opioids
- Benzodiazepines
- Steroids
- Oxygen therapy
Relaxation
ACTIVITY AND REST

• Increase in activity will make you breathless – that’s ok- you are in control.

• Build some activity/exercise into your day you are in control, avoid deconditioning.

• Prioritise, plan and pace activity.

• Set goals to maintain activity, pleasure in achieving.

• Rest is as important as activity.

• Relaxation can take time & practice to learn.

• Aim to rest both the body and the mind.
Your non-pharmacological management

• **Stop and position.**

• **Rescue Breathing**  Focus on the breath out, relax shoulders down, as breathing settles try and make the breath out slightly longer each time.

• **Fan use or cold air.**

• **Sip of cold drink.**

• **Calming Hand.**

• **Square breathing. Relax your mind.** Music, memories, visualisation.

• **Support from those around you.** Massage between shoulder blades.
Fatigue – defining and describing

‘A persistent, distressing, subjective sense of physical, emotional and or cognitive tiredness or exhaustion related to illness or it’s treatment that is not proportional to recent activity and interferes with usual functioning’

National Comprehensive Cancer Network (NCCN 2011)
When does it occur?

- It can be experienced before diagnosis as a symptom
- At and around the time of diagnosis
- During the active treatment phase
- During the post active treatment phase and beyond including at the end of life
Assessment of fatigue levels

• Discuss with your partner how you currently assess fatigue
Assessment of Fatigue

• Explore daily routines in a systematic way
• Are they boom busting
• How are they using the limited energy they have
• Are they satisfied
Get started on fatigue management

• Help people assess what they are doing and why – this can help identify where someone’s energy is being expended

• Their beliefs and values will guide their selection of purposeful activity and occupation

• They are usually experiencing loss in terms of roles, routines and responsibilities
Promote prioritisation, planning and pacing

Discuss which activities are important to the person and help them think about how they may being to reintroduce them into daily routine in a paced way

Help set **SMART** goals linked to activities of their choice
Unpicking energy availability and expenditure

Define energy expenditure for yourself think of examples of

**High energy** activities/occupations

**Low energy** activities/occupations

**Restorative** activities/occupations
Managing

- Understanding fatigue can enable exploration of available energy and baseline setting
- Use of activity, rest and sleep logs enables supported self management and an analysis of energy availability

And

- Potential for using energy differently

And

- Potential for regaining occupational participation

And

- Maintaining dignity and self respect occupational identity, social agency and control
During your appointment

- Consider the persons biopsychosocial needs
- Assess fatigue and discuss energy conservation
- Consider referral for assistive equipment or support
- Ensure you are aware of rehabilitation services
- Sign post
- Offer relaxation and mindfulness
KEEP CALM
the presentation is over
ANY QUESTIONS?
Thank you